

**SADDLE BROOK COMMUNITY PROGRAMS SUMMER CAMP 2019
FIELD TRIP PERMISSION FORM JUMP ON IN T-1**

PLEASE SIGN AND RETURN TO DOOR CLERK

Permission is given for my child _____ to accompany his/her camp and chaperones on a camp trip to the **Jump On In Hasbrouck Heights, NJ on Wednesday, July 10**. The purpose of this is to engage and expose the children to developmentally appropriate activities that will enhance, enrich and broaden their horizons and camp experience. This trip has the approval of the Superintendent of Schools.

Children will be expected to behave in a responsible manner and follow regular camp rules as well as rules set forth by the host facility/business.

At least one CPR/AED certified Camp Coordinator will attend this trip. This trip will have a camp staff: camper ratio of at least 1 staff member for every 9 children.

The bus will pick campers and staff up from Smith School (main camp site – 30 Cambridge, Ave in Saddle Brook) at approximately 9:30 AM _____ and return to Smith School at approximately 12:45 PM _____. Return times are estimates.

Please ensure that your child is wearing a camp T-shirt and socks. Pizza and juice will be served.

Camp will still run during trips. The Door Clerk will have a direct line of communication with the Camp Coordinator attending the trip via cell phone. If you need to reach your child (emergencies ONLY), please contact the camp Door Clerk at 201-580-1758 (camp cell phone), and she will contact the Camp Coordinator attending the trip.

Telephone number(s) where you can be reached during the trip: (for emergency only)

Additional contacts should we be unable to reach you in case of emergency:

Name: _____ Number: _____

Child's medical conditions and allergies

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Please fill out Jump on In Waiver and return with permission slip.

Jump On In Waiver and Electronic Waiver Sign-up Sheet

Parent/Guardian Info: (* Indicates Required Fields)

I am a Parent or Legal Guardian. Please enter the information below.

Parent's First Name*

Parent's Last Name*

Email Address*

Addr (req'd)* Street*:

City*: State*: Zip*:

Phone (req'd)* Ph:

Child 1:

First*

Last*

Birthdate*

Child 2:

First*

Last*

Birthdate*

Waiver:

In consideration of being allowed to enter into the play area and/or participate in any parties, classes or programs at the Jump On In location, I, on my own behalf and on behalf of the minor(s) identified above, acknowledge, appreciate and agree that: I, as the parent/legal guardian, or adult entrusted to care, assume full responsibility for all participants listed above. I willingly agree to comply with the stated and customary terms, rules and conditions for participation. I recognize that the risk of possible injury, including but not limited to the potential for paralysis, death, emotional distress, monetary loss, or other damage to myself, or the and the above listed participants under my care, to property, or to third parties can occur in activities involving height or motion, including participation in and/or use of Jump On In parties, classes, programs and equipment. While particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks to myself and the above participants, both known and unknown, even if arising from the negligence of other participants. Being fully aware of these dangers, I voluntarily consent to myself, the above listed minor(s) in my care participating in and using the Jump On In equipment, parties, classes and programs.

I certify that the participant(s) named above is(are) of physical ability to safely participate in any of the facility's activities without risk of injury to him/herself or other participants. In addition, if I observe any hazard, I will bring it to the attention of the nearest Jump On In representative immediately. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the above participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, Inc., JOI Franchising, LLC, any Jump On In franchisee and their officers, agents, employees, other participants, and sponsoring agencies ("JOI Party" or "JOI Parties") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by signing or clicking Submit for my children, for all participants in my care and/or my spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid and in force for a period of two years from today's date. I agree that any dispute will be settled by arbitration. In the event that I file an arbitration against any of the JOI Parties, I agree to solely do so in the state in which the JOI Party is located and I further agree that the substantive law of the state in which the JOI Party is located shall apply in that action without regard to conflict of the law rules in that state. I agree that if any portion of this waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my participant's participation in the programs or parties at Jump On In, I may be found to have waived my or the minor participant's right to maintain a lawsuit against the JOI Parties on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/Guardian Signature: _____

Date: _____

Please include me in e-mailings for special offers, discounts, coupons, news, etc.

Accept	Decline