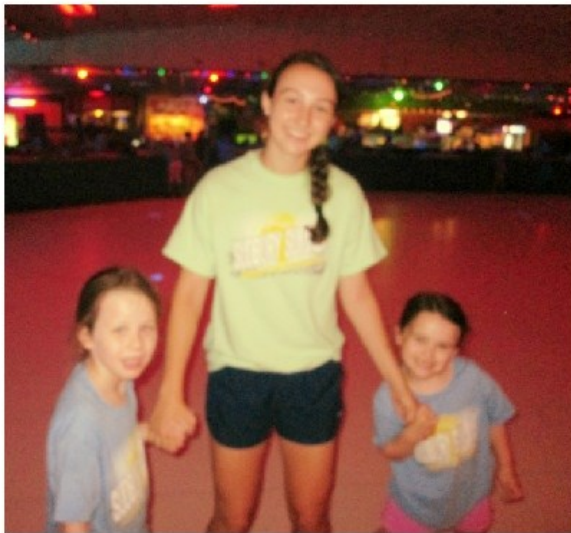


Sudbury Park & Recreation

CIT 2015 Parent Packet

Please fill out and return by May 1st



40 Fairbank Road, Sudbury, MA 01776
(978) 443-1092

www.recreation.sudbury.ma.us
www.pool.sudbury.ma.us
www.inclusive.sudbury.ma.us

WELCOME LETTER & PARENT CHECKLIST

Dear Parents,

It's time to get in gear for another great year of CITs! This program is an extensive training that will provide young teens with a variety of opportunities to prepare for a possible future position as a counselor. There will be only 1 to 2 CITs per group, allowing for a more fulfilling experience with responsibility. The CIT Director will oversee all of the CITs and provide them with group workshops, team building exercises, and valuable tools for working with children, all while enjoying the summer.

The purpose of this packet is to give you some general information about how the program is run, answer frequently asked questions, provide you with all required paperwork, and update you on the changes that will take place for this summer.

Things you can do to help us:

- Read your Parent Handbook
- Call when your child will be absent 978-639 -3260 (camp office seasonal)
- Label all belongings
- Post Park & Recreation phone number, 978-443-1092, at home and at work
- Keep us informed about any problems, changes in health or routine, or anything that might affect your child while in our care.
- Drop off and pick up on time or take advantage of our great Extended Day or Early Drop Off options (which are FREE for CITs)

The deadline to submit all paperwork is May 1st. NO child will be allowed to attend camp without paperwork! We hope this will answer some of your questions and clear up any concerns. It's going to be a great summer!!

Thank you,
Sudbury Park and Recreation Staff (978) 443-1092

STATEMENT OF UNDERSTANDING

Fill out and
return by
May 1st!

Enclosed are the necessary forms for my child's upcoming Sudbury Summer experience. I have completed and enclosed the:

- ☐ Statement of Understanding
☐ Health History Forms (3)
☐ Authorized Pick-Up Form & Photo
☐ Physical & Immunization Form (provided by physician)
☐ Letter to CIT Director
☐ T-shirt size (circle one): Adult Small Adult Med Adult Large Adult X-Large



I understand that all paperwork, completed in its entirety, is due by May 1st and that my child will not be allowed to participate in the CIT program if the necessary forms have not been submitted.

I acknowledge that by having previously signed the enrollment application, I have agreed to the liability waiver and the fact that my child's picture may appear in promotional material.

I have also read and am aware of your policy regarding refunds. Included is the understanding that if my son or daughter is asked to leave, a refund is not available.

*Refund requests for all Park & Recreation run summer programs (Sudbury Summer, Sudbury Summer Inclusion, CIT, Preschool Pals, and Sudbury Adventure) must be made in written form and dated on or before June 15. **Refund requests made prior to June 15th will be assessed a \$25 withdrawal fee. After June 15th, no refunds for these Park & Recreation programs will be granted.***

Signature of Parent/Guardian

Date



DROP OFF, PICK UP & ABSENTEE PROCEDURES

Please keep
this for your
records!

FIRST DAY OF NEW SESSION

DROP OFF PROCEDURES

Sudbury Summer CIT program will begin earlier at 8:30am for the first Monday of each new session. This will allow parents to ask questions of our staff, let the CIT Director get a chance to meet the new CITs and give them a tour of the camp to show them the facilities we will be using.

DROP OFF/PICK UP PROCEDURES

Sudbury Summer CIT Program **begins at 8:45am**. Please be sure to drop off your child at that time. At the start of the session, CITs will meet the CIT Director, who will be stationed by the beige equipment shed. The director will instruct CITs on where to go from there and what to do.

CITs may sign themselves in and out with parent permission. Either you or your CIT needs to be sure to **SIGN IN**. The sign in tables will be visible near the beige equipment shed, just look for the CIT clipboard. Staff will be stationed at the sign in area for any assistance.

Our program **ends at 3:00pm**. Being prompt for pick up is imperative. CITs will be dismissed by the beige equipment shed. Again, please be sure that either you or your CIT **SIGNS OUT**.

These procedures are to guarantee the safety of your child. It may take a few seconds longer, but we feel it is worth it!

NO PETS

Because of the number of people at drop off and pick up, we ask that you leave your pets at home.



EARLY DROP OFF/EXTENDED DAY PROGRAM

Early drop off is from 8:00am-9:00am and extended day is from 3:00pm-5:00pm. For our CITs, this is a volunteer opportunity and there is no charge to parents for them to attend. We traditionally have a handful of campers that make use of the early/extended option, and any assistance from CITs is more than welcome. Early/extended care is basically a recess for children in a safe, chaperoned environment.

LATE PENALTY PROCEDURE



If a child is still here after 5:00 pickup time, beginning at 5:10 they will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

ABSENTEE PROCEDURE

You must call in if your child is going to be absent. We do not have a lot of time in the morning to contact you about their attendance. Please help us by letting us know when your child can't make it. All children must be accounted for. Please call (978) 639- 3260. The office is open from 8:30-4:00pm, during other times you may leave a message.



SNACK

Snack is not provided at Sudbury Summer due to the high number of allergies. **Please send your child with his or her own snack and plenty of water.**

LUNCH

There is no refrigeration available. Please do not pack items that will spoil in the heat (unless you send them in a small cooler with an ice pack). A sturdy lunch bag or box is best so lunches won't get crushed (although **bagged lunches are best for field trip days**). Be sure to pack a good size lunch, the children's appetites do seem to increase with the day's activities. Please tell your CIT not to share their lunches with kids due to the high number of allergies.

WATER BOTTLES

Please include extra drinks (like water or sports drinks) to prevent dehydration. We recommend bringing a labeled water bottle that can be refilled in one of our many water fountains or water jugs during the day.

Helpful Hint: Freeze drinks the night before and they will remain cold for most of the day.

BATHING SUITS

Bathing suits and towels are needed for all CITs. Kids will have a swim lesson and a free swim, and CITs are required to help out in the water. We require all of our staff to wear one piece bathing suits and prefer that our CITs try to do the same. **Both the towel and swimsuit should have your child's name clearly written on the tags in case they get misplaced.**

FOOT WEAR

We require all CITs to wear **sneakers** because they will be doing a lot of running around. Sandals can result in sore feet. For safety reasons, rubber-soled shoes or sneakers are preferred. This is a rule that all of our counselors must abide by as well.

LOST AND FOUND

Our Lost and Found will be located outside by the gate during camp hours and near the Park and Recreation office after hours. You can't miss the heaping pile of clothes! Please do not send your child with any valuables—children will be moving from activity to activity which will increase the likelihood of belongings getting lost (especially on field trip days).

Once again, please label everything!!

CLOTHING

Our program philosophy supports active (and often messy) play. For this reason, we request that you **wear comfortable play clothes to camp that you won't mind getting a little dirty.** Please keep in mind that you are a role model for all of the campers and therefore need to be sure that your clothing is appropriate.

SUNSCREEN

Please ensure that your CIT wears plenty of sunscreen. Hats are also a good idea to keep kids safe from the hot sun.

BEHAVIOR MANAGEMENT

The staff fosters good behavior by creating a trusting environment that promotes appropriate behavior. Time and effort is placed on anticipating behavior problems and creating an environment that helps avoid bad behaviors. Expectations are realistic and limits clearly explained and supported by the environment. When behavior problems occur, attempts are made to redirect the child to more appropriate behavior. Time is allowed for children to learn alternative behaviors and guidance is given in expressing emotions such as anger. In extreme cases, the child may need to be separated from the group for a "time out". Time out will be for a reasonable amount of time, appropriate to the child's age. The child will be supervised at all times. All discipline is adjusted to the individual needs and development of the child and is viewed as a learning experience, not as punishment. The camp director is notified whenever a behavior becomes hard to manage and/or when a parent must be notified of the child's behavior in a formal manner.

Please feel free to contact us before the start of camp if your child has any learning or behavioral concerns so that we can be prepared to make this a successful summer experience.

SPENDING MONEY

Please do not send in money for the days spent at the Fairbank Community Center since there isn't anything for them to buy. If your child needs to purchase a snack, please do so before or after the program hours. On field trip days, spending money is optional. Gift shops, snack shacks, and ice cream stands are sometimes part of the fun of our trips and groups will usually make time for them. Bringing large amounts of spending money is discouraged.





Every week we plan to go on one field trip to places such as zoos, parks, or museums. We understand the parental concerns regarding your child leaving the community center. However, we have planned extensively for these trips.



There is a 1:10 ratio of staff to child. **Each CIT MUST wear Sudbury Summer CIT T-shirt on field trips** so their counselor can easily identify them. Staff will also have on their staff T-shirts so your child can quickly see where their counselor is. All of the staff will be equipped with their two-way radios to communicate with each other while off site. Our Camp Director, will attend all of the field trips along with our nurse, the program specialists, and sometimes lifeguards, so it will not just be the counselors with the children. All of the places we will be visiting are experienced in handling school groups and we will have predetermined rules and procedures between both their staff and ours.



A TYPICAL DAY



Sudbury Summer runs on a block schedule. CITs will be assigned to a group and will be rotating with them indoors and outdoors for various programs and activities. The campers have a swim lesson, free swim, arts & crafts, music & drama, sports, cooperative games/activities, a free block (with a counselor but also sometimes run by their CIT), and of course lunch. The actual time schedule of these activities is different for each group because we are on a rotation system. There are also big events scheduled, like talent shows, field trips, presenters, and special surprises. On the first day of each session you will be given a calendar outlining what is going on each day so that everyone can be prepared.



RAINY DAY PROCEDURE

If there is inclement weather, the Sudbury Summer staff has a rainy day plan ready to go to keep your children active and still having fun even if it's not in the sun. We will have them rotating through our facility with their groups and counselor/ CIT doing various activities such as sports in the gym, cooperative games, use of the swimming pool (unless the pool is closed due to thunderstorms), watching movies, doing scavenger hunts, arts and crafts, and board games—just to name a few. Just because it's a rainy day doesn't mean it's going to be a boring day! If the weather forecast calls for several days of inclement weather, we may plan an indoor field trip (to the movies or roller skating, for example) and your child will be sent home with a permission slip to be signed and returned.



POOL INFORMATION AND POLICIES

Please keep
this for your
records!

RULES FOR POOL

Please be advised that during the camp's free swim, the children will be expected to follow all the pool rules as follows:

1. State Health Code requires that all persons MUST take a shower before entering the pool.
2. You must take off outside shoes before you enter the pool deck.
3. Safety First – NO running, splashing each other, boisterous or rough play, in the pool, shower area , locker rooms, or lobby.
4. NO throwing objects (or people) into the pool.
5. No food or drink, gum or candy allowed in the pool or locker room areas.
6. No glass containers permitted in the building.
7. Persons with open blisters, cuts, warts, poison ivy, and bandages are NOT allowed in the pool.
8. Children may NOT sit/stand on adult's shoulders.
9. Jumping in the pool is allowed when done facing forward with feet first entry. (No flips, spins, twist.)
10. Masks are NOT allowed.
11. You may bring your own goggles. (We are NOT responsible for any lost goggles)



FREE SWIM

After lessons, when children are in free swim, they will be asked to sit on bleachers before they get in the water to go over pool rules. At this time pool staff will remind them of the following camp rules and general pool rules:

- All children in Level 1 and Level 2 must wear a bubble during free swim in the designated roped off area, for the first day of each session
- If you need to leave for any reason, get a counselor.
- If you sat out of lessons, you will sit out of free swim.
- In order for children to use diving board they MUST be in Level 3, Level 4 or Level 5 and swim one length of the pool doing a proficient crawl stroke., and Tread Water for 1 minute. The dive well test will be given ONCE each camp session.
- One person on the diving board at a time.
- The next person in line may not go until the person before them has reached the ladder.

MEDICAL FORMS/HEALTH ILLNESS INFORMATION

You must fill out the Park and Recreation Health History forms in this packet, provide a record of their most recent physical exam and immunizations dated within the past 24 months, and return all to Park and Recreation before May 1st. All medication will be stored in a locked, secure area. Leftover medication will be stored per instructions and returned to the parent. Our nurse will be at the shack during the morning hours to collect medications and answer any questions you might have. The camp nurse will contact you before the first day of camp regarding allergies or medications your child will need during camp hours. Our camp nurse will be the one administering the medications to the children at the appropriate times. If you have any questions please call 978-443-1092.

We realize, however, that illness is an unavoidable part of life, especially with young children in a group setting. When necessary, we may need to exclude a child from the program due to illness, when he/she presents a health risk to other children and staff. If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. A rest area will be provided and the camp nurse or staff person will remain with the child at all times. The child will be provided with quiet activities while waiting for his/her parents. We realize that it is difficult for working parents to leave work for a sick child, but we take your child's best interest into consideration when calling you. You may wish to develop a plan for caring for a sick child prior to needing it. The following are some common illnesses encountered in camp and our policies concerning attendance with them:

- **Coughs/Colds:** Children with colds and coughs may attend camp as long as they feel well enough to follow daily routines (especially outdoor play). If a fever accompanies cold symptoms, the child must stay at home.
- **Fever:** A child with a fever over 100 should remain at home until the temp is normal for 24 hours.
- **Strep:** A child with a sore throat and a fever together should have a throat culture. The child should remain at home until he/she receives a negative culture, or has been on antibiotics for 24 hours.
- **Ear infections:** A child may attend camp as long as he/she is not experiencing great discomfort or fever. A note must be provided as to whether or not swimming lessons are allowed.
- **Rash:** Please notify your child's counselor and staff if your child has an existing rash when he/she comes to camp. The nurse will call the parents if a rash appears suddenly, spreads quickly, or is accompanied by other symptoms.
- **Vomiting:** A vomiting child must remain at home until he/she can tolerate a normal diet.

- **Diarrhea:** A child with diarrhea must remain at home until free of diarrhea for 24 hours.
- **Chicken Pox:** A child must remain at home one week after the rash appears or until all of the blisters have crusted over and dried. A note from the doctor will be required regarding the status of swimming for your child.
- **Conjunctivitis:** A child with conjunctivitis may return to the program the day after treatment has begun. If your health care provider chooses not to prescribe medication, you must bring a note from him/her stating that your child does not present a health threat to others. Note from doctor will be required regarding the status of swimming for your child.
- **Head Lice:** If your child has head lice they may not come to camp. The policy is that campers must be lice and nit free in order to be at camp. If lice or nits have been found in your child's head while at camp, as with any contagious disease, they will be isolated and sent home immediately. A child may return to the program after treatment and removal of nits. Upon return, campers must first be inspected by the camp nurse. The nurse will determine if they can return to camp.

General first aid will be administered during camp by the camp nurse. Minor cuts or abrasions will be washed, and a topical ointment and a band-aid will be applied.

Should your child contract any listed illness or any other contagious illness, please contact the camp at (978) 639-3260 as soon as possible.

EMERGENCY PROCEDURES

Emergency telephone numbers are posted at each phone. If a child is injured we follow this procedure:

1. If a child needs emergency medical attention, an ambulance will be called. A director or staff member will always accompany a child to the hospital. The child's medical forms will be brought, as they contain pertinent medical information.
2. If poisoning is suspected, poison control will be called.
3. The child's parent will be contacted. If a parent cannot be reached, we will contact the person(s) listed on the emergency form.
4. An accident report will be completed for any injury.
5. A copy of the accident report will be placed in the park and recreation office.
6. Parents will be notified of the minor accidents/injuries by the nurse at dismissal.
7. All injuries must be logged in the central log book with the camp nurse.
8. When on a field trip, a first aid bag will be prepared containing bandages, antiseptic, gauze, ice packs and a carrier bag for each group.

Sudbury Summer CIT Sessions (please circle): I II III

Health History and Examination Form For Children, Youth and Adults Attending Camps

FM 08N

Developed and approved by American Camping Association and American Academy of Pediatrics

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors. Please also attach a copy of the participants most recent physical exam and immunization record, dated within the past 24 months (update required annually).

Name _____ Birth Date _____ Age _____
Last First Middle

Home address _____

Street Address *City* *State* *Zip*

Gender: ☒ Male ☐ Female

Custodial parent/guardian _____ Phone _____

Home address				
(If different from above)	Street Address	City	State	Zip

Business Address _____ Phone _____
Street Address City State Zip

Second Parent or guardian or emergency contact _____

Address _____ Phone _____

Street Address City State Zip

Business Address _____ Phone _____

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____
 _____ Street Address _____ City _____ State _____ Zip _____

Insurance Information

Is the participant covered by family medical/hospital insurance?	Yes	No

If so, indicate carrier or plan name_____ Group#_____

Important --- Theses boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I give permission to arrange necessary related transportation for me/my child.

I hereby give permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for our trips.

Signature of parent/guardian _____

Printed Name _____
Date _____

**If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

HEALTH HISTORY

The following information must be filled in by the parent/guardian.
The intent of this information is to provide our health care personnel
the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be
provided to camp health personnel upon participant's arrival. Provide
complete information so that we can be aware of your needs.

ALLERGIES List all known.**Medication allergies** (list)

Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) ---include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription
drugs) taken routinely. Our nurse will handle all medications during each

session. Keep it in the original packaging/bottle that identifies the prescribing
physician (if a prescription drug), the name of the medication, the dosage and the
frequency of administration.

____ This person takes NO medications on a routine basis.

____ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	18. Have an orthodontic appliance brought to camp?	_____	_____
3. Ever been hospitalized?	_____	_____	19. Have any skin problems (e.g., itching rash, acne)?	_____	_____
4. Ever had surgery?	_____	_____	20. Have diabetes?	_____	_____
5. Have frequent headaches?	_____	_____	21. Have asthma?	_____	_____
6. Ever had a head injury?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
7. Ever been knocked unconscious?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
8. Wear glasses, contacts or protective eye gear?	_____	_____	24. Have problems with sleepwalking?	_____	_____
9. Ever had frequent ear infections?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	27. Ever had an eating disorder?	_____	_____
12. Ever had seizures?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____			
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			
16. Ever had back problems?	_____	_____			

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____



Fill out and
return by
May 1st!

AUTHORIZED PERSONS TO PICK UP CHILD & PHOTO

The following people are authorized to pick up my child, _____
from Sudbury Summer. I understand that the Sudbury Park and Recreation Department is not responsible for any occurrences and/or accidents taking place off the Sudbury Summer program location (Fairbank Community Center). Please include any adults over age 18 living in your household (including yourself).

*Please remember that all people listed as Authorized Pick Ups MUST come with a valid photo ID.

My child will be attending the Sudbury Summer Program during session:

I _____ II _____ III _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____



Please list any individual(s) who is LEGALLY DENIED access to your child:

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members.

Please include
a recent photo of
your child here!



LETTER TO CIT DIRECTOR

Fill out and
return by
May 1st!

TO BE FILLED OUT BY THE CIT!



My full name is _____ My friends call me _____

I will be attending the following sessions (please circle): **Session** I II III

After this summer, I will be entering the _____ grade.

This is my _____ year at Sudbury Summer and my _____ year as a Sudbury Summer CIT.

The things I like to do **MOST** with my friends are: _____

While at Sudbury Summer, I look forward to do the following activities (circle all that apply):

Arts/Crafts	Baseball	Basketball	Flag Football	Kickball
Lacrosse	Music/Drama	Nature	Playground Games	Singing
Soccer	Volleyball	Street Hockey	Swimming	Tennis
Ultimate Frisbee	Other: _____			

The things that I would **not** like to do are: _____

My experience working with children has been with ages: _____

I've worked with children in _____ setting.

If I could choose, I'd prefer work with ages: _____

This summer, some of my other plans include: _____

I am a little nervous about: _____

List the sports you play: _____

List the music you like: _____

What is your favorite thing to do in art? _____

Please feel free to include additional information that you would like to share with the CIT director about yourself or if you have any questions or suggestions.

For Session I ONLY



Assumption of Risk, Waiver of Liability, And Indemnification Agreement

(Massachusetts)

Nature of the Activity: Launch Trampoline Park, LLC (hereafter referred to as LTP) is a trampoline park which offers clients the opportunity to participate in a number of trampoline-related physical activities. These activities can produce many benefits for the client – including pleasure, opportunity for competition, improved physical fitness, more attractive appearance, more energy, greater enjoyment of life, and many health benefits. However, while there are many benefits to trampolining, LTP feels it is important that the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN knows that trampoline activities are active and vigorous and, consequently, involve some risks of injury that are inherent to the activity. *While it is impossible to eliminate all risk and possibility of injury*, LTP 1) has designed the facility with safety as a prime concern 2) requires participants to listen to court rules prior to jumping, 3) provides instruction in some activities, 4) provides general supervision of activities, 5) has developed rules and policies that focus on safety, and 6) has greatly reduced the major traditional hazard of trampoline jumping (striking a hard surface or the floor). The ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN should also be aware that there are risks involved in observing. Trip and falls, collisions when too close to the trampoline areas, and falls from the viewing deck are among the risks to the spectator.

Some of the activities available at LTP include: General Trampoline Jumping, Dodgeball, Basketball Dunking, Obstacles, Foam Pit Jumping, and Aerobics. *Inherent risks* might be divided into two types – the first of which is those risks inherent in any trampoline jumping (e.g., landing wrong; colliding with other participants; landing on another participant; over-exertion; attempting flips that are beyond participant's capacity; landing on a hard surface or the wrong trampoline; unexpected failure of the equipment [including, but not limited to, trampoline surface, attachments, and padding]; flipping, running, or bouncing off walls; double bouncing [more than one person on a trampoline], creating a rebound effect causing injury; erratic behavior of other participants; and supervisory or judgment error by supervisory staff [including error in judging the ability of participants and failure to anticipate developing situations]). The second type of inherent risk is those risks related to the specific trampoline activities offered (e.g., dodgeball, aerobics, obstacles, basketball). These include, but are not limited to, being struck in the face or head by the ball; over-exertion; landing wrong in relation to an obstacle; and striking a backboard or goal.

LTP feels that it is important that the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN understands the three types of injuries that can occur. First is the common Minor Injury. This type includes, but is not limited to, muscle strains and sprains, bruises, abrasions, and contusions. The second type of injury is the Serious Injury. Examples of serious injuries are broken bones, ligament and joint injuries, concussions, and eye injury (including loss of vision in an eye). These are infrequent, but can and do occasionally occur. The third type of injury is the Catastrophic Injury. Some examples of catastrophic injury are brain injury; spinal cord and back injuries that may result in permanent disability and/or paralysis; heart attack; and death. Even though the occurrence of such an injury is unlikely, LTP management and staff feel that the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN should be aware of all possibilities.

Assumption of Inherent Risks: I, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN have read the above paragraphs and **know** that LTP trampoline activities contain inherent risks which vary with the activity. **I understand the demands** of those activities relative to my physical condition and skill level, and **I appreciate the types of injuries** that may occur as a result of LTP activities and their potential impact on my well-being and lifestyle. **I hereby assert that my participation is voluntary and that I knowingly assume all inherent risks.**

Waiver of Liability for Ordinary Negligence: In consideration of permission to use the LTP property, facilities, and services, today and on all future dates, **I**, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN, on behalf of myself, my spouse, my heirs, personal representatives, and assigns [hereafter referred to as *Releasing Parties*] **do hereby release, waive, discharge, and covenant not to sue LTP and Velo Associates, LLC**, their owners, directors, officers, employees, volunteers, independent contractors, equipment providers,

and agents [hereafter referred to as *Protected Parties*] from liability **from any and all claims arising from the ordinary negligence** of LTP or the *protected parties*.

This agreement applies to 1) personal injury (including death) from incidents or illnesses arising from participation in LTP activities (including, but not limited to, instruction, individual trampoline play, trampoline competition, classes, observation, individual use of facilities or equipment, shower/locker room area, and all premises including the associated sidewalks and parking lots); and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification Agreement: I, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN, **agree to hold harmless, defend, and indemnify LTP** and *Protected Parties* (that is, defend and pay any judgment and costs, including investigation costs, attorney's fees and related expenses) from any and all claims of the *Releasing Parties* arising from my injury or loss due to my participation at LTP (including claims arising from the inherent risks of LTP activities and those arising from the **ordinary negligence** of LTP or *Protected Parties*).

I further agree to hold harmless, defend, and indemnify LTP and *Protected Parties* (that is, defend and pay any judgment and costs, including investigation costs and attorney's fees) against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation at LTP (including claims arising from the inherent risks of LTP activities and those arising from the **ordinary negligence** of LTP or *Protected Parties*).

Mediation and Arbitration: In the event any dispute arises, I, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN, agree to engage in good faith efforts to **mediate** a settlement. Any agreement reached will be formalized by a written contractual agreement at that time. Should the issue not be resolved by mediation, I agree that all disputes, controversies, or claims arising out of my participation at LTP shall be submitted to **binding arbitration** in accordance with the applicable rules of the American Arbitration Association then in effect.

Clarifying Clauses:

- 1) I, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN, confirm that this agreement **supersedes any and all previous oral or written promises or agreements**. I understand that this is the entire agreement between me and LTP and cannot be modified or changed in any way by representations or statements by any agent or employee of LTP.
- 2) I also understand that if legal action is brought, the **appropriate trial court** for Norfolk County in the state of Massachusetts or The United States District Court for the District of Massachusetts has the sole and exclusive jurisdiction and that only the substantive laws of the State of Massachusetts shall apply.
- 3) I further expressly agree that the foregoing Assumption of Risk, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as is permitted by **the laws of the State of Massachusetts** and that **if any portion thereof is held invalid**, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In order for LTP to more effectively provide for the safety of the participant, LTP asks ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN to help us by certifying the following: I, the ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN

(Capability Assertions)

- possess a sufficient level of skill and physical fitness for safe participation in LTP trampoline activities.
- have no health problems that would make participation in LTP trampoline activities unwise.
- acknowledge that LTP encourages each client to get medical clearance prior to participation.
- acknowledge that it is the participant's duty to inform staff and cease exercise immediately if he/she feels any unusual discomfort (e.g., faintness, shortness of breath, high anxiety, chest pains) during participation.

(Behavior Agreements)

- agree to attempt only activities that I feel I am capable of performing safely.
- agree to stay in areas that will not place me in undue danger.
- agree to obey all safety rules and alert the staff to any rules violations or dangerous behavior of co-participants.
- acknowledge that the provider may need to end my participation if I present a danger to myself or others.

(Emergency Authorizations)

- authorize LTP to administer emergency first aid, CPR, and use an AED when deemed necessary by LTP.
- authorize LTP to secure emergency medical care or transportation (i.e., EMS) when deemed necessary by LTP and I agree to assume all costs of emergency medical care and transportation.

(Use of Images)

- give permission to LTP to use any photographs, images, or likenesses taken of me in its marketing brochures, ads, videos, or other media.

Acknowledgment of Understanding: I, the **ADULT PARTICIPANT OR MINOR PARTICIPANT & PARENT/GUARDIAN**, have read this Assumption of Risk, Waiver of Liability, and Indemnification Agreement and **fully understand** its terms. I understand that I am **giving up substantial rights**, including my right to sue. I further acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a **complete and unconditional release of all liability** due to 1) **ordinary negligence** by LTP and the *Protected Parties* or to 2) the **inherent risks** of LTP activities, to the greatest extent allowed by law in the State of Massachusetts. *Further, I, the Parent/Guardian, assert that I have explained the risks of the activity to my minor son or daughter and that he or she understands this Agreement.*

_____		If Participant is a Minor, Parent/Guardian Must Complete the following:		
Name of PARTICIPANT (Print)	_____	Date		
_____		Name of Parent/Guardian #1	Signature of Parent/Guardian #1	Date
Signature of PARTICIPANT		_____	_____	_____
		Name of Parent/Guardian #2	Signature of Parent/Guardian #2	Date
		_____	_____	_____
		Parent's Driver's License Number _____		
Emergency Contact Person _____		Phone _____	Mobile _____	