

Little Bible Buddies **SUPER** Summer Camp



2024 Registration Packet



SUMMER CAMP INFORMATION

Calling all Campers! Get ready for a **SUPER** summer packed with 9 weeks of excitement, friendship, and endless fun! Our exciting program is designed to provide an enjoyable and recreational environment where campers can have fun, relax, and engage in activities they might not experience during the school year. Campers have an exciting opportunity to interact with new and familiar faces, attend weekly trips, and most of all, have FUN! Join us for a **SUPER** summer experience that is sure to ignite your child's imagination and create memories to last a lifetime!

KEY HIGHLIGHTS:

- ◇ Fun and exciting trips every Tuesday and Thursday
- ◇ Stimulating and hands-on workshops and activities to inspire curiosity and creativity
- ◇ Trained and engaging camp counselors and staff
- ◇ Weekly water ice and pretzels

DATES: June 17 – August 16, 2024*

WEEK 1:	June 17-21 (closed on Wed, 6/19 for Juneteenth)
WEEK 2:	June 24-28
WEEK 3:	July 1-July 5 (closed on Thu, 7/4 & Fri, 7/5 for Independence Day)
WEEK 4:	July 8-12
WEEK 5:	July 15-19
WEEK 6:	July 22-26
WEEK 7:	July 29-August 2 (4PM closing on Fri, 8/2 for staff professional development)
WEEK 8:	August 5-9
WEEK 9:	August 12-16

**Note, we are closed to school age children from August 19-23 to prepare for the 2024-25 school year*

CAMP HOURS: Monday through Friday 7:30AM – 5:30PM

Latest daily drop-off is 9:00AM. Standard \$1.00 per minute per child late fee applies after 5:30PM.

CAMPER AGES: 6-13 years (grades 1-8) – *this is the grade your child will be entering in Fall 2024*

**Register for our before and after school program for the 2024-2025 school year!!*

CAMP FEES:

- 1. REGISTRATION**– \$50.00 per child or \$85.00 per family
- 2. TUITION**–
 - Fulltime: \$180 per week
 - Parttime: \$150 per week (MWF only – no trips)
 - Subsidy families: weekly copayment per ELRC agreement
- 3. ACTIVITY FEE**– \$585 one-time fee (or \$65 per week)
 - Includes 18 trips, 1 camp t-shirt, 3 daily meals, transportation, and weekly water ice & pretzels
 - For your child's safety, the camp t-shirt must be worn on ALL trips. An additional t-shirt may be purchased for \$15 each. Available sizes include:
Youth: XS(2-4), S(6-8), M(10-12), L(14-16), XL(18-20) Adult: S, M, L, XL, 2XL, 3XL, 4XL

MEALS: We serve breakfast, lunch, and afternoon snack daily, including trip days. Note, children must arrive by 8:45AM to receive breakfast. Child and Adult Care Food Program (CACFP) enrollment and income eligibility forms must be completed in order for your child(ren) to be served meals. Food menus are posted weekly.

DAILY SUPPLIES: Each day, children should bring a labeled backpack that contains a labeled refillable water bottle, change of clothes, sunscreen, and hat or visor. Sneakers or closed-toe sandals are required daily. For your child's safety, flip flops are not permitted. **LBB is not responsible for lost or stolen electronics/personal items.**



2024 SUPER TRIP LIST

CAMP WEEK	TRIP DATE	PAYMENT DUE DATE	NAME OF TRIP	TIME OF TRIP	DEPARTURE <i>(promptly)</i>	RETURN <i>(estimate)</i>	ESSENTIALS <i>(what's needed)</i>
Week 1 June 17-21 (Closed 6/19)	Tuesday, June 18 th	June 14th	Main Event	10:30AM	9:30AM	4:00PM	Socks, Sneakers
	Thursday, June 20 th		Funzilla	10:30AM	9:30AM	2:30PM	Socks, Sneakers
Week 2 June 24-28	Tuesday, June 25 th	June 21st	Franklin Institute w/ Lego Exhibit	10:00AM	9:15AM	3:30PM	Socks, Sneakers
	Thursday, June 27 th		Oasis Family Fun Center	10:30AM	10:00AM	3:00PM	Socks, Sneakers
Week 3 July 1-5 (Closed 7/4 and 7/5)	Tuesday, July 2 nd	June 28th	Rolling Thunder	10:00AM	9:15AM	3:00PM	Socks, Sneakers
	Wednesday, July 3 rd		Despicable Me 4	TBD	TBD	TBD	Sneakers
Week 4 July 8-12	Tuesday, July 9 th	July 5th	Urban Air	10:15AM	9:45AM	3:00PM	Socks, Sneakers
	Thursday, July 11 th		V&S Bowling	12:30PM	12:00PM	4:30PM	Socks, Sneakers
Week 5 July 15-19	Tuesday, July 16 th	July 12th	Ichiban Buffet	11:45AM	11:20AM	3:00PM	Sneakers
	Thursday, July 18 th		Clementon Park	11:00AM	10:00AM	5:30PM	Swimwear, Sneakers, Water Bottle
Week 6 July 22-26	Tuesday, July 23 rd	July 19th	Thrillz	10:00AM	9:15AM	2:00PM	Socks, Sneakers
	Thursday, July 25 th		The FunPlex	10:30AM	9:30AM	4:00PM	Swimwear, Sneakers, Water Bottle
Week 7 July 29-August 2 (4pm early closing on 8/2)	Tuesday, July 30 th	July 26th	Skyzone	10:30AM	9:30AM	1:30PM	Socks, Sneakers
	Thursday, August 1 st		Big Kahuna's Water Park*** (chaperone requested for grades 1-3)	11:00AM	10:00AM	5:30PM	Swimwear, Sneakers, Water Bottle
Week 8 August 5-9	Tuesday, August 6 th	August 2nd	Legoland	11:30AM	10:30AM	4:00PM	Socks, Sneakers
	Thursday, August 8 th		Dave & Buster's	11:00AM	10:00AM	3:00PM	Socks, Sneakers,
Week 9 August 12-16	Tuesday, August 13 th	August 9th	Family Day at Smith Playground	9:15AM	10:00AM	2:00PM	Socks, Sneakers
	Thursday, August 15 th		Arnold's Fun Center	11:30AM	10:30AM	4:00PM	Socks, Sneakers

-Trip schedule subject to change

-The camp t-shirt must be worn on ALL trips

-Any child not attending a trip must remain home on trip day

-All young school-age children (grades 1-3) are requested to have a chaperone present at Big Kahuna's water park

-If the weekly activity fee is not received by the payment due date, then your child will not be permitted to attend the trips



WAYS TO SUPER \$AVE

- ◇ **Register for summer camp by May 24th** and have your registration fee **waived** (\$50-\$85 savings)
 - To receive this discount, all required documentation must be completed **in entirety** including the registration form, emergency contact form, financial agreement, health assessment and immunization records, CACFP enrollment and income eligibility forms, and all trip waivers.
 - First and last weeks' tuition including the activity fee is due at the time of registration

- ◇ Pay **tuition and activity fee in full** by Friday, June 7th and receive 1 week free
 - ~~\$2205~~ = \$1960 (\$245 savings)

- ◇ Pay **activity fee in full** by Friday, June 7th and receive a 10% discount.
 - ~~\$585~~ = \$525 (\$60 savings)

- ◇ **Refer a family** for all 9 weeks and receive 1 week free
 - Family must pay for all 9 weeks of camp to be eligible for this discount



SUMMER CAMP AGREEMENT

GENERAL:

- All required documentation and fees including the registration form, emergency contact form, financial agreement, CACFP enrollment and income eligibility forms, health assessment and immunization records, trip waivers, registration fee, first & last week's tuition, and activity fees must be submitted before your child(ren) may begin camp.
- Children must arrive daily by 9:00AM. Children will not be permitted entry after 9:00AM unless a parent provides advance notice of an emergency or doctor's appointment (note required).
- A parent/guardian must escort their child to/from the designated drop-off and pick-up area(s).
- All parents are responsible for downloading the ProCare app to stay up-to-date on announcements, updates, billing, messages, calendar events, etc.
- All children must be signed in and out daily via ProCare using the tablet or QR code posted outside the office.
- All children are required to wear a camp t-shirt on trip days. Any child who arrives on trip day without a camp t-shirt will be provided a t-shirt for a \$15 fee that must be paid on the same day.
- Any child not attending a trip must remain home on trip day.
- Sneakers/close-toed shoes are required daily. Flip flops are not permitted.

PAYMENT:

- **Space is limited. To hold your child's space, tuition is due each week regardless of attendance.**
- Tuition and activity fees are due **each FRIDAY prior to the week of service.**
- Payment must be submitted directly to the office via cash or cash app (**\$LBBdoe**). Always include your child's name in the subject line when paying via cash app. Never give cash to non-Admin staff.
- No child will be accepted without submission of payment. A \$25 late fee will be assessed to all late payments. Children may not attend trips if tuition/fees are unpaid or past due.
- Refunds will not be issued for absences, missed trips, or terminations.

CHILD CONDUCT:

- All children must conduct themselves with respect, honesty, and integrity.
- Failure to meet the terms of the behavioral contract will result in automatic dismissal from the program. Refunds will not be issued.
- Field trips are a privilege, and we are guests in the facilities we visit. If your child's behavior poses a safety risk and/or does not align the behavior contract, then he/she will not be invited on trips.
- LBB is NOT responsible for any missing or broken electronics, toys, or personal belongings. Personal and valuable items should remain at home.
- Children are not permitted to bring spending/lunch money on trips. LBB is not responsible for holding or keeping up with any child's money.

PARENT CONDUCT:

- Parents must conduct themselves in accordance with the Parent Handbook.
- Parents should never drop off or pick up their child without ensuring counselors/staff are aware.
- Parents should never address another camp child about a conflict.
- Parents should address Administration in the first instance regarding any concerns.
- Parent/guardians (18+) are welcome and encouraged to chaperone your child on trips!



BEHAVIOR CONTRACT

1. I will treat all counselors, staff, and fellow campers with the utmost respect by keeping my hands to myself and using my mouth only for kind words.
2. I will respect my counselors by following instructions and doing as asked.
3. I will never hide, walk, or run away from my counselors, especially during trips. For my safety, I will stay with my assigned group at all times.
4. I understand that foul language and gestures are not tolerated.
5. I understand that we are guests in the facilities we visit. I will respect and make proper use of all facilities including trip locations.
6. I understand that trips are a privilege, and that poor behavior can result in my disallowance from attending trips each week.
7. I will use materials, supplies, and indoor/outdoor equipment properly.
8. I understand that LBB is not responsible for my electronics and thus, I must take proper care of my belongings and never leave them unattended.
9. I will keep an open mind each day and do my best to have FUN!
10. I will review these camp rules with my parent each morning.

The first violation of the behavior contract will result in a verbal warning. A second violation will result in a written warning and parent conference. Any further violations will result in automatic dismissal from the program. Tuition and trip payments are non-refundable.





SICK CHILD POLICY

I SHOULD STAY HOME WHEN...		I CAN RETURN TO SCHOOL WHEN I AM...	
I HAVE A FEVER		Temperature of 100.5 F or higher	Fever free for 24 hours without medication (Tylenol, Motrin, etc)
I AM VOMITTING		Vomited within past 24 hours	Free from vomiting for 24 hours
I HAVE DIARRHEA		Diarrhea within past 24 hours	Free from diarrhea for 24 hours
I HAVE A RASH		Body rash with oozing, drainage, or fever	Free from rash, itching, or fever and evaluated by doctor, if needed
I HAVE HEAD LICE		Itchy head with active lice or nits	Under treatment with a doctor's note to return
I HAVE AN EYE INFECTION		Redness, itching, and/or pus drainage from eye	Free from drainage and/or under treatment w/ doctor's note to return
I HAVE STREP THROAT		Sore throat that is red & may have spots, usually w/ fever	Under treatment for more than 24 hours with no fever & a doctor's note to return
I HAVE A RINGWORM		Circular, itchy rash with clearer skin in the middle	Under treatment for more than 24 hours with a doctor's note to return
I HAVE BEEN IN THE HOSPITAL		Any hospital or stay, or visit to ER or urgent care center	Return with a doctor's note including any restrictions, medications, etc.

Please have your child remain home if any other symptoms are present that would impede his or her ability to participate in classroom activities. Some of these symptoms include but are not limited to earache, toothache, headache, stomachache, and/or other moderate to severe pain.

SUMMER CAMP REGISTRATION FORM

June 17 – August 16, 2024

Monday – Friday

7:30AM – 5:30PM

9 weeks of *SUPER* summer camp FUN!

Child's name _____ D.O.B _____

Age _____ Grade entering in Fall 2024 _____ T-shirt size/quantity _____

Attendance Schedule:

Full Time (Monday through Friday) Part Time (M, W, F only – no trips)

Enrollment Date _____ Start Date _____

Registering Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Subsidy: Yes OR No
Record Number _____ Copay \$ _____
Caseworker _____ Phone # _____

PERMISSIONS:

I give my child permission to go on walks and trips. **Yes No**

I give my child permission to participate in aquatic activities such as swimming, wading, sprinklers, etc. **Yes No**

I give permission for my child's picture to be taken for decoration around the center. **Yes No**

I give permission for my child's picture/video to be uploaded to LBB's website and/or social media platform for promotional use. **Yes No**

I understand and agree to comply with the information provided in the summer camp 2024 registration agreement and behavioral contract. I understand that tuition and fees are due each Friday prior to the week of service and that to hold my child's space, tuition is due weekly regardless of attendance. I understand that failure to comply with the agreement may result in my child's dismissal from the summer camp program.

Parent's Signature _____ Date _____

Internal Use Only:

Registration fee paid _____ First/last weeks' tuition paid _____

Activity fee paid/amount _____



EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

AGREEMENT


55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY <u>WEEK</u>	DAY PAYMENT TO BE MADE FRIDAY prior to the week of service
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Child Care Services		
Meals and snacks		
Transportation		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 1.00	PER <u>MIN-HR</u>	
Extra services to be provided at an additional fee if applicable		
Trips		
T-shirt		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)



 SIGNATURE-OPERATOR

 DATE

 SIGNATURE-PARENT OR GUARDIAN

 DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION								
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.								
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):								
<input type="checkbox"/> NONE								
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.								
<input type="checkbox"/> NONE								
CHILD'S ALLERGIES (DESCRIBE, IF ANY):								
<input type="checkbox"/> NONE								
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.								
<input type="checkbox"/> NONE								
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?								
<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:								
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.					
			VISION (subjective until age 3)					
			HEARING (subjective until age 4)					
			LEAD					
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD								
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS		
HEP-B								
ROTAVIRUS								
DTAP/DTP/TD								
HIB								
PNEUMOCOCCAL								
POLIO								
INFLUENZA								
MMR								
VARICELLA								
HEP-A								
MENINGOCOCCAL								
OTHER								
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT				
ADDRESS:				TITLE:				
			PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:		

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: Little Bible Buddies Child Care Center INC
Agreement #: 31323451-2

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input checked="" type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input checked="" type="checkbox"/> LUNCH <input checked="" type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input checked="" type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input checked="" type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	Enrollment Date: _____ Withdrawal Date: _____									
BIRTH DATE										
AGE										

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature _____

Date _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																	
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																

FUNZILLA FAIRLESS HILLS

PARTICIPANT AGREEMENT

WAIVER, RELEASE AND ASSUMPTION OF RISK

(1) You are willing to practice social distancing and maintaining at least six feet between individuals in all areas of the park; (2) You are healthy enough to participate, and do not have symptoms of COVID 19 such as feeling sick, coughing, sneezing, shortness of breath, fever or are not feeling well; (3) You do not live with or visited a person or family member that has been diagnosed with or suspected of having COVID-19; (4) you consent to having you (or your minor child's) temperature checked upon entering the park.

ADDENDUM TO PARTICIPATION AND ARBITRATION AGREEMENT ADDING WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in any or all of the services and activities, including, but not limited to, those set forth in the Participation and Arbitration Agreement and any related events and activities, the undersigned acknowledges, appreciates, and agrees that: (1) Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, (2) Participant for myself, and/or on behalf of my spouse, and minor child(ren)/ward(s) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, (3) agree to comply with the stated and customary terms and conditions for participation with respect to protection against infectious diseases and if I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest management employee immediately; and (4) that I, as parent/guardian, with legal responsibility for any minor participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against infectious diseases; and, (5) I, for myself and/or on behalf of my spouse, and minor child(ren)/ward(s) as well as on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Fairless Fun LLC/Funzilla, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners, parent companies, affiliated entities and lessors of premises ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I have voluntarily elected to use and, if applicable, to allow the minor child(ren) identified above and all minor children under my supervision and referred to individually and collectively herein as "Child", to use the Funzilla/Fairless Fun facilities and equipment located at 500 Lincoln Hwy., Fairless Hills PA 19030. In consideration for being allowed to use said facilities and equipment, and any other services provided by Fairless Fun/Funzilla, or its employees or agents at said location, or any other location. I represent, acknowledge and agree as follows:

PARTICIPATION AND USE IN FUNZILLA FACILITIES AND ACTIVITIES, WHICH INCLUDES THE TRAMPOLINE COURT IN ADDITION TO ALL OTHER FUNZILLA ACTIVITIES ENTAILS KNOWN AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOURSELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, SLIPPING AND FALLING, COLLISIONS WITH FIXED OBJECTS AND/OR OTHER PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.

In consideration of the services provided by FAIRLESS FUN LLC D/B/A FUNZILLA, a Pennsylvania limited liability company, who is the owner and operator of FUNZILLA (the "Center") and my desire to spectate and/or participate in the activities and services provided by FAIRLESS FUN LLC D/B/A Funzilla, at the Park today and in the future (FAIRLESS FUN LLC D/B/A Funzilla, and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, servants, predecessors, successors, assigns, affiliated entities, heirs, personal representatives and all other persons, firms, or entities claiming by or through them are hereinafter known as "Center Owner"):

I, on behalf of myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my parent(s), my heirs, assigns, personal representatives and estate hereby:

(a) agree to use the Center and its facilities in a safe and responsible manner;

(b) agree to abide by the Center rules and instructions and the directions of Center employees and representatives, whereby I acknowledge that (i) those rules, instructions and directions are intended to promote the safety of both myself and others; (ii) my failure or refusal to abide by those rules, instructions and directions can lead to the immediate revocation of my right to use the Center and its facilities, without any right to refund of any payments made; and (iii) in the event of sickness, accident or injury, I authorize the Center employees and representatives to obtain, on my behalf, emergency medical treatment and to secure such medical treatment at my expense;

(c) agree to fully and forever waive, release and discharge Center Owner from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or obligations of any nature or kind, whether known at the time I leave the Center or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with: (a) my activities within the Center; (b) the activities within the Center by others; (c) the operation of the Center by Center Owner regardless of whether such claims are founded in whole or in part upon alleged negligence, or the actual negligence of Center Owner; (d) my use of any and all of the Center facilities; and (e) my use of any and all equipment within the Center, whether owned by me, Center Owner or a third party. The undersigned, on behalf of himself/herself (individually and collectively referred to

as the "Releaser") acknowledges that Releaser will participate in activities that involve **risk of serious personal injury, illness, permanent disability, dismemberment, and death, and may also involve the risk of severe economic property loss and damage. I understand these risks may result from the actions, negligence and failure to act of myself and others, and that I assume full responsibility for all such risk during this visit and all future visits.**

(d) agree to indemnify and hold Center Owner harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments directly or indirectly arising out of, or relating to my acts or omissions while participating in any activities at the Center;

(e) agree to accept and assume all of the risks which accompany the Center's activities and represent that my participation in the activities is purely voluntary and I elect to participate in the activities notwithstanding the risks;

(f) fully understand that participating in the activities within the Center involves physical exertion; and accordingly represent that I (i) am in sufficient good health to participate in activities within the Center; (ii) I do not have any pre-existing physical or medical condition, including without limitation pregnancy, orthopedic problems, including back problems; heart problems; and/or breathing problems, that might be impacted or worsened by my use of the Center; and (iii) will not use the Center and its facilities while under the use of any drugs, alcohol or medications that may impair my physical abilities or judgment; (g) certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the activities within the Center, or if not, I agree to bear the costs of such injury or damage to myself and others; and,

(h) authorize Center Owner, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media ("Images"). I acknowledge that Center Owner will own such Images and I grant permission, without compensation, for Center Owner, or any affiliated party of the Fonzilla brand, to copyright, display, publish, distribute, use, modify and print such Images in any lawful manner, including without limitation, in publications, advertisements, brochures, web sites, social media and other electronic displays and transmissions thereof. The foregoing authorization shall not include using my name with any Image, unless I agree otherwise in writing.

I agree that any legal proceeding shall be filed solely in the County of Bucks County, Pennsylvania and I further agree that the substantive law of Pennsylvania shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement 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 participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Center Owner 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.

I understand and agree that: (i) that this Waiver, Release and Assumption of Risk gives up important legal rights; (ii) I am giving up these important legal rights voluntarily, freely, under no threat of duress, without inducement, promise or guarantee being communicated to me; and (iii) the signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

PARTICIPANTS: 1. Child's Name: _____ Date of Birth: _____
2. Child's Name: _____ Date of Birth: _____
3. Child's Name: _____ Date of Birth: _____
4. Child's Name: _____ Date of Birth: _____
5. Child's Name: _____ Date of Birth: _____
6. Child's Name: _____ Date of Birth: _____

If the Participant is not 18 years of age or older, then the following Parent or Guardian Consent must be read and signed before the Participant is allowed to use the Center and its facilities.

PARENT OR GUARDIAN CONSENT

I have read and understand the terms of this WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT and unconditionally agree to its full terms, statements, warranties, notices, representations, waivers and releases on behalf of both myself and marital community, if any, and my child or ward, whose name is:

All such terms, statements, warranties, notices, representations, waivers and releases fully apply to my child or ward as if I was the participant. I understand that, by signing this Consent, I am giving up important legal rights both on behalf of myself and my child or ward regarding potential rights and claims against Center Owner. 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.

PARTICIPANT/GUARDIAN :

Full Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Signature: _____ Date: _____

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING, YOU ARE GIVING UP LEGAL RIGHTS

This Waiver, Release and Indemnification Agreement (Agreement) is entered into by the Adult Participant, and if any minor(s) is/are named below, the Adult Participant on behalf of and as parent or legal guardian for such Child Participant(s) identified below in favor of DP Delco, LLC (Urban Air). Collectively and severally, Adult Participant and Child Participant, their heirs, successors, and assigns are hereinafter referred to as the Participant. In consideration of Urban Air permitting Participant to enter the Premises and participate in the Activities, including the Activities that may occur in, about, or near 1260 East Woodland Avenue, Springfield, PA 19064 or any other premises owned or operated by Urban Air wherever located (Premises), Participant agrees as follows:

1. NATURE OF THE ACTIVITIES. Urban Air operates a trampoline and adventure park, which offers Participants (a) the opportunity to participate actively or passively, in trampoline and adventure park related activities, including, but not limited to, jumping, dodgeball, volleyball, tumbling, foam pit jumping, aerobics, skydiving, ninja warrior course, battle beam, laser tag, soft play, ropes course, climbing wall, roller coaster/sky rider, go carts, bowling, bumper cars, cyber sports, mini golf, arcades, exercising, and other miscellaneous trampoline and adventure activities, instruction, training, fitness classes, competition, events, and programs and (b) access to the Premises and cafe (collectively, Activities).

2. TYPES OF RISKS.

2.1 RISKS AND INJURIES ASSOCIATED WITH ACTIVITIES. Participant acknowledges there are inherent risks in and injuries that may occur from participating in the Activities, including, but not limited to, equipment malfunction; defective design or manufacture of equipment; improper or negligent installation of equipment; negligent maintenance of equipment; cuts; bruises; muscle strain; twisted or sprained ankles, knees, shoulders, or wrists; burns; dirt or other materials in eye; concussions; broken bones; physical or emotional injuries; landing wrong; over-exertion; failure of the attraction surface or attachments; being hit by a ball; collisions with other participants; erratic co-participant behavior; collisions with standards and supports; using improper form or technique; slipping, falling, or tripping; equipment failure; error of judgment by employees; paralysis, disability, or death; personal injury to third persons; or property damage. When skydiving, the most common risk of injury is to the shoulders due to the force of the air on them. When participating in cyber or e-sports, the most common risk of injury is a seizure due to epilepsy. Due to the nature of the Activities, there are more hazards and risks than the foregoing, and there are also unknown and unforeseeable hazards. If you have any questions, please contact a manager before purchasing admission.

2.2 EXPOSURE TO BACTERIA, FUNGI, VIRUSES AND UNKNOWN CONTAGIOUS DISEASES. By entering the Premises or when engaging in the Activities, there is a risk of exposure to bacteria, fungi, viruses, unknown contagious diseases and COVID-19, which notwithstanding governmental recommendations and the practices of Urban Air, cannot be eliminated. **CONSEQUENTLY, TO THE FULLEST EXTENT PERMITTED BY LAW, PARTICIPANT KNOWINGLY AND FULLY ASSUMES THE RISK OF, RELEASES, AND SHALL INDEMNIFY URBAN AIR FROM ALL CLAIMS (AS DEFINED IN SECTION 5 BELOW) OR BODILY INJURY RESULTING FROM PARTICIPANT'S EXPOSURE TO ANY BACTERIA, FUNGUS, VIRUS, UNKNOWN CONTAGIOUS DISEASES OR COVID-19 AND IN ANY WAY CONNECTED TO PARTICIPANT'S ENTRY INTO THE PREMISES OR ENGAGEMENT IN THE ACTIVITIES. FURTHER, ADULT PARTICIPANT ON BEHALF OF HIM/HERSELF AND THAT OF THE CHILD PARTICIPANT(S) CONSENTS TO HAVING THEIR TEMPERATURE TAKEN BY URBAN AIR AND ACKNOWLEDGES THEY MAY BE DENIED ACCESS TO OR FORCED TO VACATE THE PREMISES IF THEY EVIDENCE SYMPTOMS OF EXPOSURE TO BACTERIA, FUNGUS, VIRUSES, UNKNOWN CONTAGIOUS DISEASES OR COVID-19 AS IDENTIFIED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION.**

3. ASSUMPTION OF RISKS. Notwithstanding the foregoing risks and the safety measures implemented by Urban Air, Participant acknowledges it is impossible to eliminate all risk of injury and understands the demands of the Activities relative to Participant's physical condition and skill level. **PARTICIPANT AFFIRMS THAT PARTICIPATION IN THE ACTIVITIES IS VOLUNTARY AND PARTICIPANT KNOWINGLY, WITH UNDERSTANDING OF THE RISKS AND POTENTIAL INJURIES, ASSUMES ALL RISKS INHERENT WITH THE ACTIVITIES AND ACCESS TO THE PREMISES.**

4. ALCOHOL. Participant agrees to exercise ordinary and reasonable care and to not consume alcohol to the extent Participant's judgment is impaired. Participant understands the potential risks associated with the consumption of alcohol and acknowledges Participant does not have and is not aware of any medical condition that would result in any injury to Participant due to Participant's consumption of alcohol. Participant assumes the risks associated with alcohol consumption and takes full responsibility for Participant's own actions, safety, and welfare. **UNDER NO CIRCUMSTANCES WILL PARTICIPANT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES IF PARTICIPANT HAS CONSUMED ALCOHOL.**

5. RELEASE AND INDEMNITY. **TO THE FULLEST EXTENT PERMITTED BY LAW, ADULT PARTICIPANT ON BEHALF OF HIMSELF, CHILD PARTICIPANT, AND THEIR HEIRS, EXECUTORS, AND REPRESENTATIVES RELEASES, AGREES NOT TO SUE, AND SHALL INDEMNIFY AND DEFEND URBAN AIR, URBAN AIR'S FRANCHISOR, THE LEGAL OWNER OF THE PREMISES, THE LANDLORD, MORTGAGEES AND MANAGEMENT COMPANY OF THE PREMISES, AND ANY OF THEIR LENDERS, PARENTS, AFFILIATES, SUBSIDIARIES, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, MANAGERS, PARTNERS, AGENTS, EMPLOYEES, CONTRACTORS, REPRESENTATIVES, HEIRS, ASSIGNS, VOLUNTEERS, INDEPENDENT CONTRACTORS, EQUIPMENT SUPPLIERS, AND INSURERS OF ALL OF THEM (COLLECTIVELY, PROTECTED PARTIES) FROM AND AGAINST ALL LIABILITIES, LOSSES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, SUITS, CAUSES OF ACTION, COSTS, FEES, AND EXPENSES (INCLUDING REASONABLE ATTORNEY'S FEES AND COURT OR OTHER COSTS) (COLLECTIVELY, CLAIMS) RELATING TO, RESULTING FROM, OR ARISING OUT OF OR ALLEGED TO HAVE ARISEN OUT OF (IN WHOLE OR IN PART) ANY PROPERTY DAMAGE OR BODILY INJURY (INCLUDING DEATH) TO PARTICIPANT RESULTING IN ANY WAY FROM (A) PARTICIPANT'S USE OF THE PREMISES, (B) PARTICIPANT'S ACTIVE OR PASSIVE PARTICIPATION IN THE ACTIVITIES, (C) LOSS OR THEFT OF PERSONAL PROPERTY, (D) FROM THE CONSUMPTION OF ALCOHOL AT THE PREMISES BY PARTICIPANT OR ANY OTHER INVITEE OF URBAN AIR, OR (E) PARTICIPANT'S BREACH OF THIS AGREEMENT. THIS RELEASE AND INDEMNITY SHALL APPLY EVEN IF**

ANY CLAIM IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, OR WILLFUL MISCONDUCT OF THE PROTECTED PARTIES OR PARTICIPANT. THE INDEMNITY SHALL ALSO INCLUDE ADULT PARTICIPANT'S OBLIGATION TO INDEMNIFY THE PROTECTED PARTIES FROM (A) ANY SUM OR SETTLEMENT PAID TO OR ON BEHALF OF THE CHILD PARTICIPANT RESULTING FROM A CLAIM IN ANY WAY INVOLVING THE FOREGOING SUBSECTIONS AND (B) ALL CLAIMS RESULTING FROM OR RELATING TO ANY INSUFFICIENCY OF PARTICIPANT'S LEGAL CAPACITY OR AUTHORITY TO EXECUTE THIS AGREEMENT FOR OR ON BEHALF OF THE CHILD PARTICIPANT.

6. DISPUTE RESOLUTION.

A. ARBITRATION. Any dispute or claim arising out of or relating to this Agreement, breach thereof, the Premises, Activities, property damage (real or personal), personal injury (including death), or the scope, arbitrability, or validity of this arbitration agreement (Dispute) shall be brought by the parties in their individual capacity and not as a plaintiff or class member in any purported class or representative capacity, and settled by binding arbitration before a single arbitrator administered by the American Arbitration Association (AAA) per its Commercial Industry Arbitration Rules in effect at the time the demand for arbitration is filed. Judgment on the arbitration award may be entered in any federal or state court having jurisdiction thereof. The arbitrator shall have no authority to award punitive or exemplary damages. If the Dispute cannot be heard by the AAA for any reason, the Dispute shall be heard by an arbitrator mutually selected by the parties. If the parties cannot agree upon an arbitrator, then either party may petition an appropriate court to appoint an arbitrator. Arbitration and the enforcement of any award rendered in the arbitration proceedings shall be subject to and governed by Federal Arbitration Act, 9 U.S.C. § 1 et seq.

B. WAIVER OF JURY TRIAL. **TO THE EXTENT PERMITTED BY LAW, ADULT PARTICIPANT AND URBAN AIR KNOWINGLY, WILLINGLY, AND VOLUNTARILY, WITH FULL AWARENESS OF THE LEGAL CONSEQUENCES, AFTER CONSULTING WITH COUNSEL (OR AFTER HAVING WAIVED THE OPPORTUNITY TO CONSULT WITH COUNSEL) AGREE TO WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY DISPUTE AND TO RESOLVE ANY AND ALL DISPUTES THROUGH ARBITRATION.** The right to a trial by jury is a right parties would or might otherwise have had under the Constitutions of the United States of America and the state in which the Premises is located.

7. LICENSE. Participant irrevocably grants the Protected Parties the right to use all or a portion of an image or video of Participant and their name and likeness in all forms and media including composite or modified representations for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity and without compensation. **PARTICIPANT WAIVES THE RIGHT TO INSPECT OR APPROVE VERSIONS OF IMAGES OR VIDEOS USED FOR PUBLICATION OR THE WRITTEN COPY THAT MAY BE USED IN CONNECTION WITH THE IMAGES/VIDEOS. PARTICIPANT RELEASES THE PROTECTED PARTIES FROM ANY CLAIMS THAT MAY ARISE REGARDING THE USE OF PARTICIPANT'S STATEMENTS, VIDEOS, OR IMAGES INCLUDING ANY CLAIMS OF DEFAMATION, INVASION OF PRIVACY, OR INFRINGEMENT OF MORAL RIGHTS, RIGHTS OF PUBLICITY, OR COPYRIGHT.**

8. AUTHORITY. If Adult Participant signs this Agreement on behalf of his/her spouse, child, family member, friend, minor child, or other person, Adult Participant warrants and represents to Urban Air that he/she has the legal authority and such person's actual and implied authority to execute this Agreement on their behalf, including, but not limited to, the arbitration clause, release, indemnity agreement, and license.

9. ACKNOWLEDGMENTS. Participant represents to the Protected Parties that this Agreement is a complete and final release and indemnity agreement, that Participant is voluntarily entering into this Agreement, and no representations, promises, or statements made by any of the Protected Parties has influenced Participant in signing this Agreement. Participant agrees that there are no oral agreements, representations, promises, or warranties that are not expressly set forth herein, this Agreement may only be modified in writing, and that Participant is not relying on any statements or representations of the Protected Parties that are not expressly contained herein. Participant expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the state in which the Premises is located and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Venue for any action brought hereunder or due to Participant's use of the Premises or participation in the Activities shall lie in the County in which the Premises is located. The substantive laws of the state in which the Premises is located shall apply.

10. REPRESENTATIONS BY PARTICIPANT. Participant represents to the Protected Parties as follows:

- A. Participant shall obey all rules while participating in the Activities and alert the staff of any rule(s) violation(s) or dangerous behavior.
- B. Participant possesses a sufficient level of skill and physical fitness for safe participation in the Activities.
- C. Participant shall only attempt Activities that Participant can safely perform.
- D. Participant is not aware of any health problems that would prevent him/her from participating in the Activities.
- E. Participant has received either medical clearance from his/her physician prior to participation in the Activities or has determined that such clearance is not necessary for his/her safe participation in the Activities.
- F. Urban Air may, but shall not be obligated or required to, administer to Participant emergency aid, CPR, use an AED (defibrillator), secure emergency medical care or transportation (i.e., EMS), and if said emergency medical care or transportation is secured, Participant shall assume all costs of emergency medical care and transportation.
- G. Participant shall discontinue participation in the Activities if Participant feels any unusual discomfort (e.g., faintness, shortness of breath, physical manifestations of anxiety, chest pains, and/or abnormal heart palpitations).
- H. Participant consents to Urban Air communicating with Participant via telephone or email and to receiving from Urban Air on my wireless device mobile service commercial messages. Participant acknowledges that Participant may be charged by his/her wireless service provider in connection with receipt of such mobile messages. Participant acknowledges that he/she may revoke his/her consent at any time.

BY EXECUTING THIS AGREEMENT, I REPRESENT I HAD A SUFFICIENT OPPORTUNITY TO READ THIS AGREEMENT, I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AGREE TO BE BOUND AS SET FORTH HEREIN.

Child Participant Name (Please Print)

Parent/Legal Guardian Signature

Date

Adult Participant Name (Please Print)

Adult Participant Signature

Date

Emergency Contact Person: _____ Phone: _____

Participant's Email Address: _____

PARTICIPANT LIABILITY WAIVER AND AGREEMENT TO ASSUME RISK, DEFEND, INDEMNIFY, RELEASE, AND ARBITRATION

("Agreement")

Must also be completed for each participant under the age of 18

By this Agreement, I voluntarily elect to use, and allow the minor child(ren) identified below and all minor children under my supervision, and any other individual identified below (referred to individually and collectively herein as "Participant(s)") to use, Thrillz High Flying Adventure Park facilities and equipment located at 555 S Henderson Rd, King of Prussia, PA 19406 ("Thrillz KOP"). In consideration for being allowed enter the premises and/or use the facilities, equipment, and attractions at Thrillz KOP, and any other services or activities provided by Thrillz KOP or its employees or agents at Thrillz KOP or any other location within the Commonwealth of Pennsylvania, I, on behalf of myself and the Participant(s) identified below, represent acknowledge and agree as follows:

GENERAL RELEASE

____ (Initial Here) I acknowledge and agree that this Agreement is intended to release from liability and provide other benefits, legal protections, and consideration to Thrillz KOP, LLC dba Thrillz High Flying Adventure Park and their respective and collective agents, owners, operators, officers, managers, shareholders, affiliates (or any entity affiliated with Thrillz KOP), volunteers, participants, employees, insurers, third party administrators, claims adjusters, successors, predecessors-in-interest, sponsors, manufacturers, contractors, inspectors, trade associations, landlords, lenders and all other persons or entities acting in any capacity on their respective or collective behalf (collectively, "Thrillz KOP Releasees").

RELEASE OF POTENTIAL INJURIES

____ (Initial Here) I ACKNOWLEDGE AND AGREE ON BEHALF OF ALL PARTICIPANT(S) THAT THE USE OF ALL SERVICES, ATTRACTIONS AND EQUIPMENT ON THE PREMISES AT THRILLZ KOP AND PARTICIPATING IN OR BEING IN PROXIMITY TO SAME IS INHERENTLY AND OBVIOUSLY DANGEROUS, AND THAT SUCH DANGERS CANNOT BE ENTIRELY REMOVED OR ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES OF THE ACTIVITY, WHICH, I AGREE ON BEHALF OF MYSELF AND ALL PARTICIPANT(S) ARE PURELY RECREATIONAL. I ACKNOWLEDGE AND AGREE ON BEHALF OF MYSELF AND ALL PARTICIPANTS THAT THE RISKS OF PARTICIPATION AND PROXIMITY INCLUDE SERIOUS PHYSICAL AND EMOTIONAL INJURY, PARALYSIS, DEATH, DAMAGE TO MYSELF, AND OTHERS, AND DAMAGE TO PERSONAL PROPERTY, AS WELL AS OTHER RISKS, BOTH KNOWN AND UNKNOWN.

LET US KNOW BEFORE YOU GO

____ (Initial Here) IN THE EVENT OF INJURY, I, ON BEHALF OF MYSELF AND ALL PARTICIPANT(S) AGREE TO ALERT THRILLZ KOP EMPLOYEES TO THE INJURY PRIOR TO LEAVING THE PREMISES. I, ON BEHALF OF MYSELF AND ALL PARTICIPANT(S) UNDERSTAND THAT SURVEILLANCE VIDEO – IF ANY – WILL NOT BE RETAINED PAST 30 (THIRTY) DAYS OF THE INJURY EVENT.

VOLUNTARY ASSUMPTION OF RISK

____ (Initial Here) I, ON BEHALF OF MYSELF AND ALL PARTICIPANT(S), ACKNOWLEDGE AND AGREE THAT PARTICIPATION OR SPECTATORSHIP ON THE THRILLZ KOP PREMISES IS VOLUNTARY AND AT OUR OWN RISK. WHILE THE SERVICES, ACTIVITIES AND ATTRACTIONS, INCLUDING, BUT NOT LIMITED TO ACCESS TO THE PREMISES AND USE OF THE FACILITIES, PARKING LOTS, RECEPTION, CONCESSIONS, WALKWAYS, STAIRS/RAMPS, PARTY ROOMS, RESTROOMS, ARE MONITORED GENERALLY BY THRILLZ KOP EMPLOYEES, I ACKNOWLEDGE AND AGREE ON BEHALF OF MYSELF AND ALL PARTICIPANT(S) THAT IT IS NOT REASONABLE TO EXPECT SUCH EMPLOYEES TO MONITOR THE ACTIVITIES AND ACTIONS OF ALL CUSTOMERS AT ALL TIMES. FURTHER, I UNDERSTAND THAT THE EQUIPMENT AT THRILLZ KOP COULD SUFFER FROM KNOWN OR UNKNOWN DEFECTS, AND I, ON BEHALF OF MYSELF AND ALL PARTICIPANTS VOLUNTARILY ASSUME ANY SUCH RISK. EQUIPMENT USED IN THE ATTRACTIONS OR OTHER ACTIVITIES OR APPARATUSES MAY BREAK, FAIL OR MALFUNCTION DESPITE REASONABLE MAINTENANCE AND USE. SOME OF THE EQUIPMENT USED IN ACTIVITIES MAY INFLECT INJURIES EVEN WHEN USED AS INTENDED. PERSONS USING EQUIPMENT MAY LOSE CONTROL OF SUCH EQUIPMENT, OR THEMSELVES, AND CAUSE INJURY TO THEMSELVES AND TO OTHERS. I UNDERSTAND THAT SUCH RISKS SIMPLY CANNOT BE COMPLETELY ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES OF THE ACTIVITY. BY SIGNING THIS AGREEMENT, I TAKE FULL RESPONSIBILITY FOR MY OWN ACTIONS AND HEALTH, ALONG WITH THE ACTIONS AND HEALTH OF THE PARTICIPANT(S). I ACKNOWLEDGE AND AGREE THAT THE ACTIONS OR ACTIVITIES OF OTHER CUSTOMERS OR THE ACTIONS OR INACTIONS OF THRILLZ KOP EMPLOYEES COULD CAUSE ME OR THE PARTICIPANT(S) SIGNIFICANT BODILY INJURY (AS DESCRIBED ABOVE), AND THAT THRILLZ KOP RELEASEES ARE NOT RESPONSIBLE FOR THE ACTIONS OR ACTIVITIES OF CUSTOMERS USING THE THRILLZ KOP OR THE ORDINARY NEGLIGENCE OF ITS EMPLOYEES IN SUPERVISING THRILLZ KOP OR ITS USAGE, INCLUDING ACTIONS, ACTIVITIES, OR OMISSIONS THAT RESULT IN ANY SUCH HARM OR INJURY.

AGREEMENT TO PAY MY OWN MEDICAL EXPENSES

____ (Initial Here) ON BEHALF OF MYSELF AND OTHER PARTICIPANT(S), I ACKNOWLEDGE, ACCEPT, AND ASSUME THE RISK OF ANY AND ALL MEDICAL CONDITIONS, LIMITATIONS, OR DISABILITIES (WHETHER TEMPORARY OR PERMANENT) THAT I OR THE PARTICIPANT(S) POSSESS, WHETHER KNOWN OR UNKNOWN, THAT COULD CONTRIBUTE TO OR EXACERBATE ANY INJURY I OR THE PARTICIPANT(S) MAY SUFFER AS A RESULT OF USING THE THRILLZ KOP PARK OR ANY OF ITS ATTRACTIONS OR EQUIPMENT. IF MEDICAL ASSISTANCE OF ANY FORM (INCLUDING EMERGENCY CARE, HOSPITALIZATION, OUT-PATIENT CARE, COUNSELING, AND/OR PHYSICAL THERAPY) IS REQUIRED OR PERFORMED AS A RESULT OF ANY INJURY I OR THE PARTICIPANT(S) SUFFER AT THRILLZ KOP, SUCH ASSISTANCE SHALL BE AT MY OWN EXPENSE. I warrant and represent that I and all Participant(s) have sufficient insurance coverage to pay for such medical assistance.

RELEASE OF LIABILITY

____ (Initial Here) ON BEHALF OF MYSELF AND THE PARTICIPANT(S), I HEREBY FOREVER, IRREVOCABLY, AND UNCONDITIONALLY RELEASE, WAIVE, RELINQUISH, DISCHARGE FROM LIABILITY, AND COVENANT NOT TO SUE THRILLZ KOP RELEASEES FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, ACTIONS, SUITS, CAUSES OF ACTION, OBLIGATIONS, DEBTS, COSTS, LOSSES, CHARGES, EXPENSES, ATTORNEYS' FEES, DAMAGES, JUDGMENTS, AND LIABILITIES, OF WHATEVER KIND OR NATURE, IN LAW, OR EQUITY OR OTHERWISE, WHETHER NOW KNOWN OR UNKNOWN, SUSPECTED OR UNSUSPECTED, AND WHETHER OR NOT CONCEALED OR HIDDEN, RELATED TO OR ARISING, DIRECTLY OR INDIRECTLY, FROM MY OR THE PARTICIPANT'S PRIOR, CURRENT, OR FUTURE ACCESS TO AND/OR USE OF THE THRILLZ KOP PARK, PREMISES, AND/OR ITS EQUIPMENT, ATTRACTIONS, AND ACTIVITIES, THE PARTICIPANT'S AND/OR MY ENTRY INTO THE THRILLZ KOP PARK, THE CONDITION, MAINTENANCE, INSPECTION, SUPERVISION, CONTROL, OR SECURITY OF THE THRILLZ KOP PARK, THE FAILURE TO WARN OF DANGEROUS CONDITIONS IN CONNECTION WITH THRILLZ KOP AND/OR THE ACTS OR OMISSIONS OF THRILLZ KOP INCLUDING, WITHOUT LIMITATION, ANY CLAIM FOR NEGLIGENCE, FAILURE TO WARN OR OTHER OMISSION, PROPERTY DAMAGE, PERSONAL INJURY, EMOTIONAL INJURY, ANY ILLNESS – INCLUDING BUT NOT LIMITED TO KNOWN OR UNKNOWN INFECTIOUS AND/OR CONTAGIOUS DISEASES, KNOWN OR UNKNOWN EPIDEMICS AND/OR PANDEMICS, KNOWN OR UNKNOWN INTENTIONAL AND/OR NEGLIGENT FAILURE TO QUARANTINE WITHOUT REGARD TO DECLARATIONS MADE OR NOT MADE BY FEDERAL AND/OR LOCAL AUTHORITIES, BODILY HARM, PARALYSIS, OR DEATH, INCLUDING ANY SUCH LOSSES, CLAIMS, OR INJURIES CAUSED OR RESULTING FROM THE SOLE AND ORDINARY NEGLIGENCE OF THRILLZ KOP RELEASEES.

MISREPRESENTATION AND FRAUD

____ (Initial Here) I AGREE TO DEFEND AND INDEMNIFY EACH RELEASED PARTY FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, WHETHER ARISING, IN WHOLE OR IN PART, FROM MY AND/OR THE PARTICIPANT'S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

INDEMNIFICATION

____ (Initial Here) ON BEHALF OF MYSELF AND THE PARTICIPANT(S), I HEREBY AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THRILLZ KOP RELEASEES FROM AND AGAINST ANY AND ALL LOSSES OR LIABILITY, CLAIMS, OBLIGATIONS, COSTS, DAMAGES, AND/OR EXPENSES, ARISING OUT OF MY OR THE PARTICIPANT'S ACCESS TO AND/OR USE OF THE THRILLZ KOP PARK, PREMISES, AND/OR ITS EQUIPMENT, ATTRACTIONS, AND ACTIVITIES INCLUDING, BUT NOT LIMITED TO ANY LOSSES OR CLAIMS CAUSED OR RESULTING FROM THE SOLE AND ORDINARY NEGLIGENCE OF THRILLZ KOP RELEASEES. INDEMNIFICATION HEREIN INCLUDES ANY AND ALL ATTORNEYS' FEES, COSTS, DAMAGES, AND/OR JUDGMENTS THRILLZ KOP RELEASEES INCUR.

ARBITRATION OF DISPUTES: TIME LIMIT TO BRING CLAIM: CHOICE OF LAW

____ (Initial Here) I agree to arbitrate any and all disputes that arise relating to my and/or the Participant's use of THRILLZ KOP RELEASEES' facilities. I understand that, by agreeing to arbitrate any dispute as set forth in this section, I AM WAIVING MY RIGHT, AND HAVE THE ACTUAL AUTHORITY TO WAIVE THE RIGHTS OF THE PARTICIPANT(S) TO MAINTAIN A LAWSUIT IN A COURT OF LAW AGAINST THRILLZ KOP RELEASEES FOR ANY AND ALL CLAIMS COVERED BY, RELATED TO, OR ARISING FROM THIS AGREEMENT AND ACCESS TO THE THRILLZ KOP PREMISES. BY AGREEING TO ARBITRATE, I UNDERSTAND ON BEHALF OF MYSELF AND THE PARTICIPANT(S) THAT WE WILL NOT HAVE THE RIGHT TO HAVE CLAIMS DETERMINED BY A JURY. ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO ACCESS TO AND/OR USE OF THE THRILLZ KOP PARK, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE DETERMINED BY ARBITRATION IN THE COUNTY OF THE THRILLZ KOP PARK, PENNSYLVANIA, BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY JAMS PURSUANT TO ITS RULE 16.1 EXPEDITED ARBITRATION RULES AND PROCEDURES. IF NO JAMS OFFICE IS LOCATED WITHIN 100 MILES OF THE THRILLZ KOP PARK, I, AND/OR THE PARTICIPANT(S) AND THE THRILLZ KOP RELEASEES SHALL WORK COLLECTIVELY TO SELECT AND UTILIZE A SIMILAR AND MUTUALLY AGREEABLE ARBITRATION PROVIDER. JUDGMENT ON THE AWARD MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania, without regard to choice of law principles. Notwithstanding the provision with respect to the applicable substantive law, any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act (9 U.S.C., Sec. 1-16). I understand and acknowledge that the JAMS Arbitration Rules to which I agree are available online for my review at jamsadr.com, and include JAMS Comprehensive Arbitration Rules & Procedures; Rule 16.1 Expedited Procedures; and Policy On Consumer Minimum Standards Of Procedural Fairness.

PHOTO/VIDEO/SOCIAL MEDIA WAIVER

In connection with my and the Participant's use of the Thrillz KOP, I consent to the recording of the Participant's and my physical likeness and/or voice through mechanical, photographic, technical, digital, electronic or other means ("Recordings"). I, on behalf of myself and all Participant(s), hereby consent to and authorize the Thrillz KOP Releasees to use, without compensation, in perpetuity, such Recordings, as well as the Participant(s) name and my name, for any purpose, including advertising, promoting, exploiting and/or publicizing any Thrillz KOP Park. On behalf of myself and the Participant(s) I further agree that the foregoing includes the consent to use the Participant's and/or my physical likeness in any form, and any and all claims in connection with the Recordings are hereby waived.

____ (Initial Here) I HAVE CAREFULLY READ EACH AND EVERY PARAGRAPH IN THIS DOCUMENT AND I AND THE PARTICIPANT(S) AGREE TO BE BOUND BY THE TERMS STATED HEREIN, INCLUDING THE RELEASE OF LIABILITY CONTAINED THEREIN. I have had sufficient opportunity to read this document. If I had any questions about this document, I have had an opportunity to ask them of Thrillz KOP Releasees and have done so. I have read this document, understand this document, and agree to be bound by its terms. I understand that employees working at the Thrillz KOP Park, including the manager, do not have the authority to waive any provision of this Agreement. This Agreement constitutes and contains the entire agreement between Thrillz KOP Releasees and the Participant(s) relating to the use of the Thrillz KOP Park. There are no other agreements, oral, written, or implied, with respect to such matters. I and Participant(s) agree that if any portion of this Agreement is found to be unenforceable, the remaining portions shall remain in full force. All terms above are included in this Agreement regardless of whether the provisions set forth above were initialed by the signatory below.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF THE PARTICIPANT(S) ARE INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM THRILLZ KOP RELEASEES. I FURTHER ACKNOWLEDGE THAT I AND THE PARTICIPANT(S) HAVE AGREED TO ARBITRATE ANY DISPUTE AND WAIVE THE RIGHT TO HAVE A JURY OR A JUDGE RESOLVE ANY SUCH DISPUTE.

I understand and agree that if any part or section of this Agreement is found to be invalid or unenforceable by a Court of Law or Arbitration panel, that all other sections and terms of the Agreement remain in full force and effect.

PARTICIPANT NAME	DATE OF BIRTH

(Initial Here) By signing below, I represent that **I am 18 years of age or older.** I warrant that I am the parent or legal guardian, of the above-listed minor child(ren) and/or that **I have actual authority to execute this Agreement on the behalf of all listed Participant(s) whose names I have provided.** I am entering into this Agreement on behalf of myself, the Participant(s), and our respective and/or collective issue, parents, siblings, heirs, assigns, personal representatives, estate(s), and anyone else who can claim by or through such person or persons. **I agree to this Thrillz KOP Agreement and confirm I've been given enough time to read it and understand that it contains important terms about my access and use of the Thrillz KOP Park like limiting Thrillz KOP Releasees' liability and my agreement on how disputes will be handled.**

Parent/Legal Guardian/Participant's Signature (if 18 or older) **Date:** _____

Parent/Legal Guardian/Participant Information (if 18 or older)
Please Print Clearly Using Blue or Black Ink.

Signer First Name	Signer Last Name		Signer Birth Date	
Street Address		City	State/Province	Zip/Postal Code
Phone Number			Email Address	

Check box if you would like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.

Sky Zone Trampoline Park
Glen Mills, PA

This waiver must be completed online via:
<https://waiver.haveablast.roller.app/skyzoneglenmills/>

This waiver is part of the registration packet and must be completed at the time of registration. Your child may not attend this trip if the waiver is not completed online.