



Permission Slip Summer Camps 2019

_____ is hereby given permission to participate in outdoor activities that will take place on the property of the Bedford Hammonds Plains Community Center / Charles P Allen High School (basketball courts & grassy areas) during the 2019 Illusions summer camps. I understand that the coaches will always accompany the children and the outdoor activities will be weather permitting.

Parent's Signature

Date

Waiver of Liability

As the legal guardian of my designated child/children, I hereby consent to participation in ILLUSIONS's summer program(s). I recognize that injuries can occur in any activity involving motion, including gymnastics, dance, and physical activity in general. I understand that it is the express intent of all ILLUSIONS staff and personnel to provide for the safety and protection of my child/children and, in consideration for allowing my child/children to participate, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my child/children during instruction, supervision, and/or control during any and all classes or extra activities.

Parent's Signature

Date