

Christmas in the Park

Youth Group Christmas Party at Superfly Jump Park

Thursday Night, December 18th

7:00 P.M. – 9:00 P.M.

We will be having our annual Christmas Party at Superfly Jump Park and Hamilton Place this year on Thursday Night, December 18th from 7:00 P.M. – 9:00 P.M. We will meet at the jump park and you will need to be picked up at the jump park as well. Parents are encouraged to stay and jump or watch from their viewing lounge.

We are asking everyone to bring in a 12 pack of drinks as well as finger foods for the party!! We can have up to 160 jumpers so please invite all your friends!!!

IN ORDER TO PARTICIPATE YOU MUST HAVE A SIGNED PERMISSION FORM FROM SUPERFLY AS WELL AS RECHOBOTH BAPTIST CHURCH. IF YOU DO NOT HAVE THESE SIGNED YOU WILL NOT BE ALLOWED TO JUMP!!

Who: All Rechoboth Baptist Youth Members, Their Friends, and Parents

What: Rechoboth Baptist Church Youth Christmas Party

When: Thursday, December 18th from 7:00 P.M. – 9:00 P.M.

Where: SuperFly Jump Park 7455 Commons Blvd. Chattanooga, TN (Behind the Home Depot @ Hamilton Place)

How: To get in you need to bring a 12 pack of coke, finger foods, and most importantly PERMISSION FORMS FROM RECHOBOTH BAPTIST AND SUPERFLY. IF YOU DO NOT HAVE THE 2 PERMISSION FORMS YOU WILL NOT BE ALLOWED TO JUMP!!!!

**SUPERFLY TENNESSEE LLC, PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION
(PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR MINOR'S LEGAL RIGHTS)**

In consideration of being allowed to participate in the services and activities, including, but not limited to, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, fitness classes, trampoline courts, foam pit activities and snack bar access and any other amusement activities (collectively "ACTIVITIES"), provided by **SUPERFLY TENNESSEE, LLC** and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners, and any and all other persons and entities acting in any capacity on its behalf (collectively "SUPERFLY"), I, on behalf of myself, and/or on behalf of my minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge SUPERFLY on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities who could in any way represent me or act on my behalf as follows:

PARENT INITIALS

X _____ Initial

- (1) **RELEASE OF LIABILITY:** Despite all known and unknown risks, I hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge SUPERFLY and agree to hold it harmless of and from all, and all manner of action and actions or omission(s), cause and cause of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties covenants, contracts, controversies, agreement, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by SUPERFLY, whether the action arises out of any damage, loss, personal injury, or death to me or my child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES. This Release of Liability, is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of SUPERFLY.
- (2) **INDEMNIFICATION:** I hereby agree to indemnify and hold harmless from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by SUPERFLY, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments SUPERFLY incurs in the event that I or my minor child(ren)/ward(s) cause any injury, damage and/or harm to SUPERFLY and/or any and all other persons and entities acting in any capacity on behalf of SUPERFLY.
- (3) **ATTORNEYS' FEES:** I promise to indemnify SUPERFLY for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of SUPERFLY, pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.
- (4) **PHOTO RELEASE:** By entering SUPERFLY and participating in the ACTIVITIES, I hereby grant SUPERFLY on behalf of myself and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with SUPERFLY and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.
- (5) **TERMS OF AGREEMENT:** I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my child(ren)/ward(s) visit SUPERFLY, whether at the current location or any other location or facility.
- (6) **VENUE/ARBITRATION:** In the event a lawsuit is filed against SUPERFLY, I agree to the sole and exclusive venue of the Hamilton County, I further agree that the substantive law of Tennessee shall apply without regard to any conflict of law rules. I also agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. Any controversy between the parties hereto involving any claim arising out of or relating to a breach of this agreement shall be submitted to and be settled by final and binding arbitration in Hamilton County, Tennessee, in accordance with the then current Commercial Arbitration Rules of the American Arbitration Association.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my child(ren)/ward(s) right to maintain any action against SUPERFLY on the basis of any claim from which I have released SUPERFLY and any released party herein. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein.

PARENT INFO

First Name: _____ Last Name: _____ Date: _____
 Birth Date: _____ Phone: _____ Email: _____

ENTER FULL NAME AND BIRTH DATE OF ALL FAMILY MEMBERS UNDER THE AGE OF 18

CHILD INFO

First Name #1: _____ Last Name #1 _____ Birth Date: _____
 First Name #2: _____ Last Name #2 _____ Birth Date: _____
 First Name #3: _____ Last Name #3 _____ Birth Date: _____
 First Name #4: _____ Last Name #4 _____ Birth Date: _____

We reserve the right to review your license and/or other forms of ID to verify identity and age.

X _____
 PARENT SIGNATURE

X _____
 DATE

Rehoboth Baptist Church
 12622 Dayton Pike
 Soddy Daisy, TN 37379
 Office (423) 332-5584 Fax (423) 332-5554

Activity Permission Slip

I/We, the undersigned, am/are the parent(s) of _____ (*Child's name*)
 (A minor child, _____ years of age), or a person having legal custody pursuant to authority of _____
 (*Designate authority, if applicable*) or the legal guardian of the minor child pursuant to an order of _____
 (*Designate authority, if applicable*) entitled to the full and complete custody of said minor child.

I/We hereby authorize RECHOBOTH BAPTIST CHURCH (12622 Dayton Pike Soddy Daisy, TN 37379), it's agents servants, employees, officers, and directors, in whose care the minor child has been entrusted by me/us, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care to be rendered to the minor child and/or any X-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part RECHOBOTH BAPTIST CHURCH, its agents, servants, employees, officers, and directors, to give specific consent to any and all such diagnosis, treatment, or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the even of injury to or illness of the minor.

This Authorization shall remain in effect through June 1, 2015, unless revoked by the undersigned in writing, delivered to RECHOBOTH BAPTIST CHURCH, it's agents, servants, employees, officers, and directors and shall hold RECHOBOTH BAPTIST CHURCH harmless from any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery cost, court cost, and all other sums which RECHOBOTH BAPTIST CHURCH it's agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action found for, arising, or alleged to have arisen out of the activity for which this Authorization is given or the use of real property belonging to RECHOBOTH BAPTIST CHURCH it's agents, servants, employees, officers, and directors, or by an action or omission by the aforesaid minor child.

_____ Child's Name _____ Child's Birthdate

Mother Printed Name	Signature	Date	Home Phone	Cell
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Father Printed Name	Signature	Date	Home Phone	Cell
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Custodian/Guardian Printed Name	Signature	Date	Home Phone	Cell
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Other Emergency Contact: _____

Name
Home Phone
Cell

(See Next Page)

Rehoboth Baptist Church
12622 Dayton Pike
Soddy Daisy, TN 37379
Office (423) 332-5584 Fax (423) 332-5554

Activity Permission Slip (continued)

Child's Cell Phone #: _____

Home Address: _____
Street City

Family Doctor: _____
Name Phone

Insurance Company & Policy ID: _____

Date of Last Tetanus: _____

Known Medical Conditions: _____

Medications/Allergies: _____

Will you allow a blood transfusion? _____

Who will be picking up your student after the event? _____

Other Instructions: _____
