

Washington Township Recreation

"Summertime Foam Craze"

"Come join the foam-filled extravaganza and slide down with us into some serious entertainment!" Grab your friends, classmates and your neighbors to come and enjoy the blast of Non-staining bubbles. The Jellyfish Jump is just the beginning! Bring your suits and be ready to have noodles of fun dancing to the music! Kids will also enjoy a free bag of popcorn & a snow cone.

Who:

Ages 7-12 years

When:

Thursday, July 11th

Time:

5:00 - 8:00 pm

Where:

Rock Spring Park, L.V.

Cost:

\$25 (SORRY NO REFUNDS)

Deadline: July 1, 2024 or until full

Payment Online Only:

- E-Check
- Credit Card (2.65% fee for credit card usage)

If you have any questions, please call the Recreation Department at 908-876-5941 or visit www.wtmorris.org. To register, please email your Registration form & Hold Harmless Agreement to recreation@wtmorris.net, or fax (908) 876-0029.

Student Name: _____ Age: _____

Emergency Contact: _____ Number: _____

Email Address: _____

Unless otherwise noted as multi-generational, programs are **children-only** in order to gain the maximum benefit from instruction and peer interaction. If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. Yes, I will need to be notified regarding special considerations for my child.

Read and sign below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant to participate in this event offered by Washington Township Parks & Recreation and Bounce House Mom. I hereby release Washington Township, any of its elected or appointed officials, employees, volunteers, and/or contractors from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me or us or our minor children due to his or her participation in said workshop. I authorize WTP&R to submit photos to wtmorris.org & Newspapers, **please initial:** _____

Signature: _____ Date: _____

- Hold Harmless Agreement Form

LIMITED ENROLLMENT

WASHINGTON TOWNSHIP RECREATION

Participant Liability Waiver and Hold Harmless Agreement

(Parent/Guardian Consent for Minor Child)

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s). You will be required to indemnify, hold harmless and defend the **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I _____, sign this Hold Harmless as my Voluntary act and by this act agree: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

"I further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program."

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read, and fully understand, and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

The Parent/Guardian and Participant have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

(Parent/Guardian)

Print Name: _____

Signature: _____ Date: _____

(Minor)

Print Name: _____ Date: _____

Washington Township Employee Only:

Received By: _____ Date: _____

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Email: recreation@wtmorris.net • Website: www.wtmorris.org