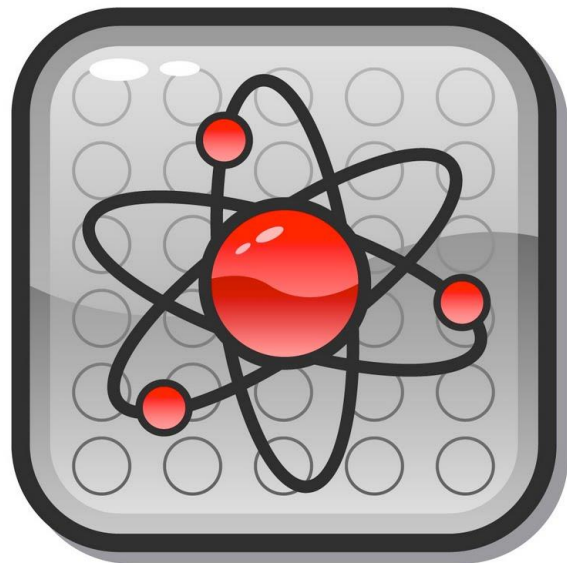
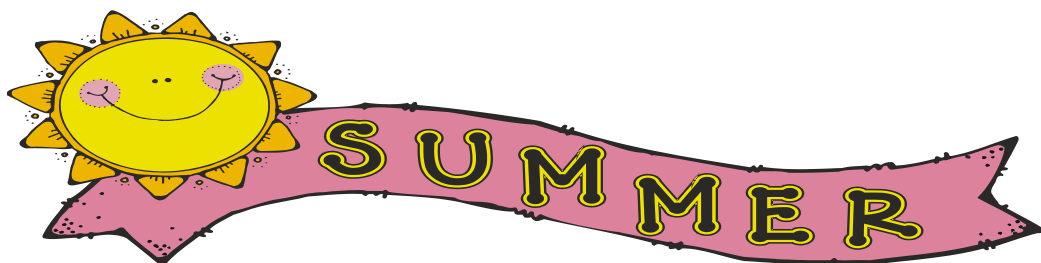


# DISCOVERY OF SCIENCE PACKAGE 9



## SUMMER CAMP 2018



**SOAK UP THE SUMMER FUN**  
**with Andrews Academy Summer Camp!**

We are pleased to have your child as a camper in our summer program. We are confident that he/she will have a wonderful experience learning new skills and improving already acquired ones in their selected activity package.

Our qualified staff has worked hard preparing a summer of well organized activities in which the children will participate. Information regarding daily schedules, field trips or special events for your child may be obtained from his/her counselor, or on the T.V. monitor and bulletin board in the lobby. As a courtesy to working parents, complimentary extended care is offered before and after camp, with the hours of 6:30a.m. to 6:00p.m. All children are asked to be at camp by 9:00 a.m. If your child arrives after 9:00a.m., please have them go to the office to sign in. Camp concludes at 3:30p.m. with after care activities continuing up to 6:00p.m.

Please do not allow your child to bring items from home unless they are on the supply list. This would include all electronic devices including cell phones, toys, stuffed animals, or anything of great value. If these items are brought to camp they will be turned into the camp office and given to you when you pick up your child. Thank you for your assistance in this matter.

Children in all packages will be assigned lockers in which they may store their personal belongings. Please make sure all of your child's belongings will fit inside their assigned locker (no locks). We ask that each child have an extra change of clothes stored in their locker just in case daily clothes become soiled. Wet swimming suits and towels are to be taken home daily and dry ones brought for camp the next day. Also, we ask that you **LABEL ALL CLOTHING AND ARTICLES** brought to camp (ex. towels, sunscreen, etc.) Each child needs to bring their own **water bottle** labeled with their name.

On the back of your packet you will need to fill out and return the following items as soon as possible. These forms include the sunscreen permission form, a main field trip permission slip form, and special waivers for specific field trips. If we need to administer any medication to your child, you will also need to fill out a Medication Authorization form available at the front desk or on our website.

Lastly, we remind you that camp fees for **SESSION I were due May 11th**. Camp fees for **SESSION II are due by Friday, June 22nd**. Payment must be paid before your child attends camp. Please speak with the Camp Registrar if you have questions about camp fees.

If you have any questions about activities in your child's package feel free to contact, Sandy Wideman, at 314-878-1883 or [swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com) or Cindy Grandcolas at [cgrandcolas@andrewsacademy.com](mailto:cgrandcolas@andrewsacademy.com).

We look forward to another exciting and fun-filled summer.



## **ANDREWS ACADEMY SUMMER CAMP**

### **Drop-off/Dismissal and Before/After Care Procedures**

Welcome to summer camp before and after care! There is no additional charge for before and after care. We are ready for another fun-filled summer with our campers and we just wanted to share with you some important information regarding before care and after care. Our before care hours are from 6:30a.m.-9:00a.m. and after care hours are 3:30p.m.-6:00p.m., Monday through Friday. There is a late fee applied for those children who are not picked up by 6:00p.m.

For morning care your child will enter Andrews Academy through the front entrance and check in with the counselor in the lobby before continuing to their locker. From there they will go to the gym or the playground, depending on what time they arrive. Please ask the counselor in the lobby where the children are if you are not sure. Children will need to know what package they are in and if they will be staying for afternoon care (past 3:30p.m.). Feel free to accompany your child through this process until they are comfortable doing it on their own. Breakfast is served between 7:45a.m. and 8:15a.m. daily at no additional cost.

During after care, campers remain with their packages and follow a schedule including outside time, gym games, computer time, MakerSpace Projects, or additional classroom activities.

A counselor from each package will bring those campers who are to be picked up at 3:30p.m. to the front of Andrews Academy. A counselor will escort your child to your car when you pull around the circle drive. Parents please do not leave cars unattended around the circle drive in front of the school at this time. If you need to come in the school please park your car in our visitor parking area. A counselor will wait with your child until 3:40p.m. If you have not picked up your child by 3:40p.m. they will be sent to afternoon care. No child may wait for their parents on the front porch or in the lobby after this time.

If you arrive after 3:30p.m., you should come into Andrews Academy and request that your child be called from after care for dismissal. There will be a counselor stationed at the table in the lobby that will check your child's name on our main list and call them to the lobby for dismissal. We ask that you tell the counselor which package your child is in to help us locate them quickly. On the table there will be a sign out sheet where parents will be responsible for signing out their children. You may be asked for some form of identification until our staff becomes acquainted with you. If for some reason, someone other than the parent/guardian is picking up a child, a note of permission must be filed in the main office prior to that pick-up. No child will be allowed to leave the lobby area without an adult. Even if a parent calls ahead, your child will not be called from after care until you come in and sign your child out. These precautions are necessary for the safety of your child. Thank you for your cooperation.

If you have any questions regarding our before and after care procedures, please feel free to contact Sandy Wideman or Cindy Grandcolas at 314-878-1883, or by email at [swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com), or [cgrandcolas@andrewsacademy.com](mailto:cgrandcolas@andrewsacademy.com).



## **Discovery of Science Package**



### **Items Needed For Camp**

**Tennis shoes should be worn daily for safety reasons.**

- Swimming suit/ swimming trunks (to be taken home every night)
- Pool towel (to be taken home every night)
- Swim shoes/sandals (to walk to and from pool)
- Sunscreen
- Plastic bag to take dirty/wet clothes home
- Extra set of clothes (to be kept in locker for emergency purposes)
- Water bottle
- Comb or brush
- Goggles (optional)

Counselors will inform you about special items needed for special events.

**Please make sure that all items are labeled with a name.**

### **Items Not Needed for Camp**

- Baseball/Trading cards
- Electronic devices such as iPads or cell phones
- Toys
- Money (unless otherwise specified ahead of time)

These items and any other items that may be questionable will be held in the camp office until the camper is picked up for dismissal. The item(s) will then be given to the parent(s).





# **Science Themes**

**Week 1 – Outdoor Science**

**Week 2 – Wizards and Potions**

**Week 3 – Super Sleuths**

**Week 4 – Wacky Weather**

**Week 5 – Food Science**

**Week 6 – The Great Escape**

**Week 7 – If You Build It,  
They Will Come and Play  
(Carnival Game Design)**

**Week 8 – Rocketry / Space**

**Week 9 – Roller Coaster Design & Build**

**Week 10 – Wonders of Water**



FIELD TRIPS WILL BE POSTED WEEKLY ON THE BULLETIN BOARD IN THE FRONT LOBBY. PLEASE WATCH FOR EXACT DATES AND TIMES OF TRIPS. ADDITIONAL FIELD TRIPS MAY BE ADDED. FIELD TRIPS ARE SUBJECT TO CHANGE DEPENDING ON WEATHER CONDITIONS, ENROLLMENT NUMBERS AND TRANSPORTATION AVAILABILITY.



FIELD TRIP SCHEDULE SCIENCE PACKAGE 2018		
SESSION 1		
WEEK 1		Bowling
WEEK 2		Epic 6
WEEK 3		Altitude
WEEK 4		City Museum
WEEK 5		Family Fun Night on Thursday, July 5
		Science Center
SESSION 2		
WEEK 1		Waterpark
WEEK 2		Flying Spider
WEEK 3		Challenger Learning Center
WEEK 4		Great American Human Foosball
WEEK 5		Waterpark
		Incredible Pizza





**It is important that all campers continue to read over the summer. Therefore every package has built a minimum of 20 minutes into their schedule for reading time. Campers are asked to bring a book or other appropriate reading material each day. Some counselors will be choosing read-aloud books to read to their group. There are also books available for campers to read in their classrooms.**

# Andrews Academy Summer Camp

## FIELD TRIP PERMISSION SLIP

**Please return as soon as possible!**

This is a general field trip permission slip to cover the majority of field trips for your child this summer. Some field trips require additional permission slips/release forms which you will be reminded of the week those field trips take place. Please watch the summer camp bulletin board in the school lobby for reminders and changes regarding field trips. You will be notified of any additional items or monies that your child may need prior to a field trip. Important notes, information or reminders can be found on the summer camp bulletin board, on the sign-out table, or in your child's backpack.

If you have any questions regarding field trips please feel free to contact Sandy Wideman or Cindy Grandcolas at 314-878-1883 or

[swideman@andrewsacademy.com](mailto:swideman@andrewsacademy.com)

[cgrandcolas@andrewacademy.com](mailto:cgrandcolas@andrewacademy.com)

---

My Child, \_\_\_\_\_,

*Print your child's first and last name*

in package # \_\_\_\_\_ and package # \_\_\_\_\_,

*Session 1*

*Session 2*

has my permission to attend field trips planned for their package. I have read the attached list of field trips scheduled for their package. I will inform the office of any special medications that are required for my child. I will supply my child with the necessary items needed for each field trip.

---

*Parent/Guardian Signature*

---

*Date*

I **do not** want my child to attend the following field trips planned for their package:

---

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# Andrews Academy Summer Camp Sunscreen Policy



It is the responsibility of the parent/guardian to apply sunscreen to their child **prior** to their arrival at camp. If you would like Andrews Academy Summer Camp staff to apply an additional application of sunscreen, please fill out this permission slip. Without this signed permission slip Andrews Academy Summer Camp staff will not be allowed to put any sunscreen on your child.

Each child needs to provide their own sunscreen. Please send in the sunscreen with the camper's name printed on the bottle.

---

## **Sunscreen Permission Form**

I authorize Andrews Academy Summer Camp staff to assist my child,

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*Please Print your child's first and last name*

in Package # \_\_\_\_\_ Session 1 and Package # \_\_\_\_\_ Session 2

in applying his/her sunscreen as needed while in attendance at camp from June 4, 2018 through August 10, 2018.

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*Parent/Guardian Signature*

---

*Date*

\_\_\_\_\_ My child is allergic to sunscreen and should not have any sunscreen applied.

ALT OF, LLC– ALTITUDE TRAMPOLINE PARK  
PARTICIPANT AGREEMENT  
WAIVER, RELEASE AND ASSUMPTION OF RISK

**PARTICIPATION IN TRAMPOLINE COURT ACTIVITIES ENTAILS KNOWN AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOUR SELF 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 ALT OF, LLC, a Missouri limited liability company, who is the owner and operator of ALTITUDE TRAMPOLINE PARK (the “Park”) and my desire to spectate and/or participate in the activities and services provided by ALT OF, LLC at the Park today and in the future ALT OF, LLC *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 “ALT OF”*):

I, \_\_\_\_\_ **(print name)**, on behalf of myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my parent(s), my heirs, assigns, personal representative and estate hereby:

- (a) agree to use the Park and its facilities in a safe and responsible manner;
- (b) agree to abide by the Park rules and instructions and the directions of Park 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 Park 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 Park 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 ALT OF 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 Park 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 Park; (b) the activities within the Park by others; (c) the operation of the Park by ALT OF **regardless of whether such claims are founded in whole or in part upon alleged negligence, or the actual negligence of ALT OF**; (d) my use of any and all of the Park facilities; and (e) my use of any and all equipment within the Park, whether owned by me, ALT OF or a third party;
- (d) agree to indemnify and hold ALT OF 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 Park;
- (e) agree to accept and assume all of the risks which accompany the Park'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 Park involves physical exertion; and accordingly represent that I (i) am in sufficient good health to participate in activities within the Park; (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 Park; and (iii) will not use the Park 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 Park, or if not, I agree to bear the costs of such injury or damage to myself and others; and,
- (h) authorize ALT OF, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media (“Images”). I acknowledge that ALT OF will own such Images and I grant permission, without compensation, for ALT OF, or any affiliated party of the Altitude Trampoline Park 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 St. Charles Missouri and I further agree that the substantive law of Missouri 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 ALT OF 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.

Dated: \_\_\_\_\_, 20\_\_\_\_

**PARTICIPANT:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name - Picture I.D. required)

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 Park 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:

\_\_\_\_\_  
(Print Your Child's or Ward's Name)

\_\_\_\_\_  
(Child or Ward's D.O.B)

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 ALT OF. 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.

**Dated:** \_\_\_\_\_, 20\_\_\_\_

**PARTICIPANT/GUARDIAN<sup>1</sup>:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name - Picture I.D. required)

**Relationship to Child or Ward:** \_\_\_\_\_

**Parent/Guardian Telephone Number:** \_\_\_\_\_

**Parent/Guardian Address:** \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> I hereby warrant and represent that if I am neither the Child's Parent nor legal Guardian, I have been granted the expressed authority to execute this Waiver, Release and Assumption of Risk Agreement by, and on behalf of, the Child's Parent or Guardian.

**LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE**

**PARENTS/GUARDIANS: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR CHILD'S AND YOUR LEGAL RIGHTS AND WILL ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.**

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I acknowledge that the Ninja Warrior Obstacle Course is an extreme test of my physical and mental limits that carries with it inherent risks of physical injury. **Inherent risks** are risks that cannot be eliminated completely regardless of the care and precautions taken by the operator.

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I hereby represent and warrant that I am the parent/legal guardian of \_\_\_\_\_ {Insert your child's name}. I further represent and warrant that I am at least eighteen (18) years of age. My child is in good physical and mental health and do not suffer from any mental or physical condition or disability which may render his/her participation in the Ninja Warrior Obstacle Course (the "Activity") hazardous to his/herself or to others or which may impair his/her ability to participate in the Activity.

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I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my child's physical condition or any limitations associated with his/her participation in the Activity.

**RELEASED PARTIES MEANS EACH OF THE FOLLOWING:** HKP ENTERPRISES, LLC dba Epic 6 Laser Tag & Sports Arena, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, INSURERS, EQUIPMENT SUPPLIERS, AND VOLUNTEERS, AND REPRESENTATIVES OF ANY OF THE FOREGOING.

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**I UNDERSTAND AND AGREE THAT MY CHILD IS PARTICIPATING IN THE ACTIVITIES AT HIS/HER OWN RISK. ON MY BEHALF AND ON BEHALF OF MY CHILD, I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF HIS/HER PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.**

**IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE ACTIVITY, I HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTION, OR DEMANDS RELATING TO OR ARISING OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.**

**IN ADDITION, ON MY BEHALF AND ON BEHALF OF MY CHILD, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.**

**ON MY BEHALF AND ON BEHALF OF MY CHILD, I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.**

By signing below, I acknowledge that I have carefully read and understand the information stated above.

In the event of an emergency, I hereby give consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

**Emergency Contact Information:**

Name of Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Printed Name \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CIRCUSTRIX MISSOURI, LLC (DBA FLYING SPIDER), PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION

(PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR SPOUSE AND MINOR'S LEGAL RIGHTS)

**BY SIGNING THIS AGREEMENT I AM GIVING UP MY RIGHTS AND THE RIGHTS OF MY SPOUSE AND/OR CHILD(REN) TO SUE CIRCUSTRIX FOR ANY INJURY, INCLUDING PARALYSIS OR DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF CIRCUSTRIX, INCLUDING ANY OF ITS AGENTS, EMPLOYEES AND EQUIPMENT. Initials: \_\_\_\_\_**

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 CIRCUSTRIX MISSOURI, LLC (DBA FLYING SPIDER), 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 "CIRCUSTRIX"), I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge CIRCUSTRIX 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 as set forth below. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby acknowledges, agrees and represents that immediately upon entering or participating I will, inspect and carefully consider CIRCUSTRIX'S premises and facilities. It is further warranted that such entry into CIRCUSTRIX'S facilities for observation or use of any facilities or equipment or participation in ACTIVITIES constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and carefully considered and that the undersigned finds and accepts same for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) as being safe and reasonably suited for the purpose of such observation, use or participation by myself, and/or by my spouse, minor child(ren)/ward(s). The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby represent that (i) I/we are in good health and in proper physical condition to participate in the activities in which CIRCUSTRIX provides; and (ii) I/we are not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my/our ability to safely participate in activities; (iii) I/we have not been advised against activities by a health professional. I agree that it is my sole responsibility to determine whether I/we are sufficiently fit and healthy enough to participate in activities. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), agree to be familiar with and to abide by the rules established for the ACTIVITIES, which include without limitation the rules posted in the facility and/or the website. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), accepts sole responsibility for my own conduct and actions, as well as the conduct and actions of my spouse, minor child(ren)/ward(s) while participating in the activities, and the condition and adequacy of the equipment.

(1) **RELEASE OF LIABILITY:** Despite all known and unknown risks including but not limited to serious bodily injury, permanent disability, paralysis and loss of life, I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge and agree not to sue CIRCUSTRIX, including its suppliers, designers, installers, manufacturers of any trampoline equipment, foam pit material, or such other material and equipment in CIRCUSTRIX'S facility (all hereinafter referred to as "EQUIPMENT SUPPLIERS") and agree to hold said parties harmless of and from any and all manner of actions or omission(s), causes of action, suits, sums of money, controversies, 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 CIRCUSTRIX or any EQUIPMENT SUPPLIERS, whether the action arises out of any damage, loss, personal injury, or death to me or my spouse, minor child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES in or about the premises. 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 CIRCUSTRIX and/or any EQUIPMENT SUPPLIERS.

(2) **INDEMNIFICATION:** I understand that the known and unknown risks may be caused in whole or in part by my or my spouse or child(ren)/wards own actions or inactions, the actions or inactions of others participating in activities, or the acts, inaction or negligence of CIRCUSTRIX or any EQUIPMENT SUPPLIERS, and in consideration of being allowed, along with my spouse and/or my minor child(ren)/ward(s) to participate in the ACTIVITIES, I hereby assume all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) as a result of the participation in ACTIVITIES in or about the facility, including any such loss due to any negligence of CIRCUSTRIX and all EQUIPMENT SUPPLIERS and agree to indemnify and hold harmless CIRCUSTRIX and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by CIRCUSTRIX and all EQUIPMENT SUPPLIERS as a result of any claims asserted by myself, my spouse and/or child(ren)/ward(s) against CIRCUSTRIX and all EQUIPMENT SUPPLIERS, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments CIRCUSTRIX and all EQUIPMENT SUPPLIERS incurs in the event of such loss whether caused by the negligence of CIRCUSTRIX or any EQUIPMENT SUPPLIERS and that on behalf of myself, my spouse or my minor child(ren)/ward(s) I further agree to indemnify and hold harmless CIRCUSTRIX for any injury, damage and/or harm myself, my spouse and/or my minor child(ren)/ward(s) cause to CIRCUSTRIX or its facility and/or to any and all other persons and entities acting in any capacity on behalf of CIRCUSTRIX.

(3) **ATTORNEYS' FEES:** I promise to indemnify CIRCUSTRIX 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 CIRCUSTRIX, pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(4) **PHOTO RELEASE:** By entering CIRCUSTRIX and participating in the ACTIVITIES, I hereby grant CIRCUSTRIX on behalf of myself, my spouse and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me, my spouse or my child(ren)/ward(s) in connection with CIRCUSTRIX 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 spouse and/ or child(ren)/ward(s) visit CIRCUSTRIX, whether at the current location or any other location or facility. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the laws of this state and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(6) **VENUE:** In the event a lawsuit is filed against CIRCUSTRIX, I agree to the sole and exclusive venue of West County, Missouri. I further agree that the substantive law of Missouri shall apply without regard to any conflict of law rules.

**By signing this document, I understand that I may be found by a court of law to have forever waived my and my spouse and/or child(ren)/ward(s) right to maintain any action against CIRCUSTRIX on the basis of any claim from which I have released CIRCUSTRIX and any released party herein and that I have assumed all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) and agreed to indemnify and hold harmless CIRCUSTRIX and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by CIRCUSTRIX and all EQUIPMENT SUPPLIERS as a result of the participation in ACTIVITIES in or about the facility by myself, my spouse and/or child(ren)/ward(s) and/or claims asserted by myself, my spouse and/or child(ren)/ward(s) against CIRCUSTRIX and all EQUIPMENT SUPPLIERS related to such participation in ACTIVITIES. 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.**

**You MUST be 18 years old or older to sign your own waiver**

**You MUST be the Parent or Legal Guardian to sign for a minor (under age 18)**

**Enter Adult Full Name and Date of Birth**

**(If under age 18, it must be completed by Parent/Legal Guardian -- Enter Adult Full Name/Date of Birth of Parent/Guardian)**

Adult First Name: \_\_\_\_\_ Adult Last Name: \_\_\_\_\_

Adult Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enter Child Full Name and Date of Birth of all Family Members under age 18**

Child Full Name #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Full Name #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Full Name #3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Full Name #4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Full Name #5: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Full Name #6: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**We reserve the right to review your license and/or other forms of ID to verify identity and age.  
This waiver is good for one day only.**





"LIFE WITHOUT LIMITS"

❖ HIGH ENERGY GYMNASTIX ❖ 140 LONG ROAD ❖ 17732 EDISON AVE. CHESTERFIELD MO 63005 ❖ 636.532.7762 ❖

54 The Legends Parkway – Eureka MO 63025  
hinrggymnastix.com

NAME OF GROUP or EVENT: \_\_\_\_\_

Parent/Legal Guardian: Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Legal Guardian Cell Phone: \_\_\_\_\_ Parent/Legal Guardian Cell Phone: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medical Condition(s): \_\_\_\_\_

### Snyder Insurance Services, Inc.

#### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the High Energy Gymnastics (Hi-NRG) class or other program, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue High Energy Gymnastics (Hi-NRG), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
**Printed Name of Participant - Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Participant - Date of Birth** \_\_\_\_\_

**PARENTAL CONSENT:** AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sure and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

**Initial:** \_\_\_\_\_ I give permission to Hi-NRG to take photos of my child/children for use of marketing within the establishment and on the Hi-NRG website, social media, newsletters, and other advertising.

**Initial:** \_\_\_\_\_ I give permission to Hi-NRG to contact me via text or email.

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_