

Summer Break Registration 2020 Adjusted

Student Name: _____ **Date:** _____

Week	# of Days attending	<u>Circle Days</u> \$55/Day	Full Week \$250/Week		Total
June 15-19		M Tu W Th F			
June 22-26		M Tu W Th F			
June 29-July 2*		M Tu W Th			
* Closed July 3, Full Week \$200 – Additional Child \$175					
July 6-10		M Tu W Th F			
July 13-17		M Tu W Th F			
July 20-24		M Tu W Th F			
July 27–31		M Tu W Th F			
August 3-7		M Tu W Th F			
August 10-14		M Tu W Th F			
August 17-21		M Tu W Th F			
August 24– 28		M Tu W Th F			
T-Shirt: \$7 each - You can reuse 2019 T-Shirts only			# of T-shirts:		

T-Shirt Size (please circle): Child XS S M L XL

Adult S M L XL

Subtotal:

5% Discount if paid IN FULL by 6/15/2020:

Deposit:

Total:

Pricing:

1. **5% discount if paid IN FULL by first day of reopening**
2. **\$50 non-refundable deposit for each week due upon registration.**
3. **First 4 weeks must be paid by July 1st and last 5 weeks by August 2nd.**
4. **\$55 per day, \$250 per week (must be registered 5 days)**
5. **Additional Child Discount: \$25 off each additional child registered for a full week of care only.**
6. **Subsidized Families additional co-pay \$2/day first child and \$1/day for each additional child.**
7. **Payments plans available.**

OFFICE USE ONLY:

Payment Plan - Y / N _____
Added to DB _____ QB _____
Amount paid: _____ Check # _____ Cash _____ Charge _____ Online _____ Received by: _____

Participant Release, Waiver of Liability, and Indemnity Agreement'

I, _____, (the •Participant) have voluntarily applied to participate in the **St. Anthony Study Hall "Summer Break" activities** occurring on or during the period **June23, 2020 to August31, 2020** (the "Activity") which is sponsored and/or supervised by or taking place at **St. Anthony Parish** (the "Location") and I agree as follows:

Acknowledgments. (1) I am participating in the Activity of my own free will; (2) I understand the nature of the Activity; and {3} I am qualified, in good health, and in proper physical condition to participate in the Activity.

Assumption of Risk. (1) I am aware that the Activity may present certain risks of injury {including illness, or death or loss of or damage to my property) and I agree to assume those risks and any other unknown risks; and (2) I acknowledge the Location, the Roman Catholic Bishop of Metuchen, and the Roman Catholic Diocese of Metuchen and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for the costs of any injury, illness, or death or loss of or damage to property resulting, directly or indirectly, from the Activity and I expressly waive any claim for such compensation.

Medical Treatment In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:

Name: _____ **Relationship:** _____ **Phone:** _____

Waiver and Release. I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge from, and agree not to sue the Location, the Roman Catholic Bishop of Metuchen, Pastor William J. Smith, St. Anthony Parish and the Roman Catholic Diocese of Metuchen and any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, employees, volunteers, agents, contractors, and representatives {collectively "Released Parties&} for any and all claims, costs, liability, or damages of any injury, illness, death or loss of property resulting, directly or indirectly, from the Activity except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties. **Indemnity.** If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, judgment or cost which may be incurred as the result of such claim.

Promotion. I consent to any photographic images or video or audio recordings taken during the Activity and grant and convey all rights, title, and interest of such images and recordings to the Location.

Severability. This Participant Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BYLAW.

PARTICIPANTS SIGNATURE: _____ DATE: _____

ADDRESS: _____

MINOR RELEASE: (must be completed by Parent/Guardian for a Participant under the age of 18) I, THE PARENT OR GUARDIAN OF THE PARTICIPANT, HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

¹This Agreement is required for minors to participate in an athletic activity or, where applicable. From a participant in a third party event at a Location. CPR 03 010717 7.1