

# SUMMER BREAK 2022 REGISTRATION

**STUDENT NAME:** \_\_\_\_\_

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

Week	#of Days	Circle Days	\$225/Week \$200/Addt'l	#of Days X \$50 Addt'l X \$45	Total
Week 1: June 27-Jul 1		M Tu W Th F			
CLOSED July 4-8		CLOSED			
Week 2: July 11-15		M Tu W Th F			
Week 3: July 18-22		M Tu W Th F			
Week 4: July 25-29		M Tu W Th F			
Week 5: August 1-5		M Tu W Th F			
Week 6: August 8-12		M Tu W Th F			
Week 7: August 15-19		M Tu W Th F			
Week 8: August 22-26		M Tu W Th F			
T-Shirt: \$10 each - You can reuse <b>prior T-Shirts only</b>			# of T-shirts:		
T-Shirt Size (please circle): Child - XS - S - M - L - XL					<b>Subtotal:</b>
Adult - S - M - L - XL					<b>Discount: -</b>
					<b>Deposit: -</b>
<b><u>ONE REGISTRATION PER CHILD PLEASE</u></b>					<b>Subtotal</b>
					<b>Total:</b>

*Will be closed week of August 29-September 2  
Reopen when school opens on September 7, 2022*

**Pricing:**

1. **10% discount if paid IN FULL by May 27, 2022 / 5% Discount if paid in full by June 10, 2022**
2. **First 4 weeks must be paid by June 10<sup>th</sup> and last 4 weeks by July 15<sup>th</sup>.**
3. **\$50 per day, \$225 per week (must register for 5 days). Each Additional child \$45 per day and \$200 per week (must register for 5 days).**
4. **Subsidized Families will need to pay for T-Shirts only, the program is free.**
5. **Payment plans available. Most credit cards accepted.**
6. **Additional weeks or days can be added, but no guaranteed to have space as space is limited.**

**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 **June 27, 2022 to August 26, 2022** (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: \_\_\_\_\_