



## Tindal Activity Center 2020 Lock-In Waiver and Permission Agreement

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ to participate in the lock-in at Tindal Activity Center, Friday, April 3, 2020 at 6:30 p.m. to Saturday, April 4, 2020 7:00 a.m. Cost is \$20 per child. (ALL PARTICIPANTS MUST BE BETWEEN THE AGES OF 8-14 YRS OLD AND MUST HAVE THIS WAIVER SIGNED BY A PARENT/GUARDIAN).

The undersigned hereby releases Tindal Activity Center, its respective directors, officers and employees of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Lock-In including any claims due to personal injuries or illness excepting any such claim resulting from and/or arising out of the gross negligence of Tindal Activity Center, its respective directors, officers or employees.

Should the Child suffer injury or illness while at the Lock-In, the undersigned hereby authorizes any representative of Tindal Activity Center and, in particular, any chaperone accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of Tindal Activity Center in the circumstances. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage for the Child while at the Lock-In.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by Tindal Activity Center, its respective directors, officers and employees, while participating in the Lock-In, Tindal Activity Center may, in its sole and absolute discretion, terminate the Child's participation in the Lock-In without refund for the cost of the Lock-In. In the case of an overnight trip, the undersigned will be contacted in advance by the Director of the Center to make the necessary arrangements to ensure that the Child is properly supervised while waiting to be picked up from the Lock-In. Any additional costs incurred by reason of the termination of the Child's participation in the Lock-In and/or as a result of the Child being sent home will be the responsibility of the undersigned.

***\*\*\* An incident report will be sent home for any child who is terminated from the lock-in for any situations of disorderly conduct.***

***\*\*\*Tindal Activity Center will also not be responsible for any lost or stolen articles of any of the participants during the lock-in. \*\*\*ALL participants will be required to stay for the entire lock-in or at least until 6am unless parent or guardian consent is given to the appropriate TAC personnel.***

☐ I have carefully read this Waiver and Permission Agreement and understand the terms and conditions of it and agree to be bound thereby. The Child has the undersigned's permission to participate in the Lock-In.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CELL PHONE OR CONTACT NUMBER OF PARENT/GUARDIAN \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

