

Committee Representing Our Young Adults

CROYA

MIDDLE SCHOOL (7th/8th) TRIP TO
SIX FLAGS GREAT AMERICA'S

FRIGHT FEST

When: **Monday, October 9th, 2023**

Time: **9:30am-6:30pm (buses will leave from CROYA promptly at 10:00am)**

Cost: **$65.00 (includes ticket, bus and Chaperones)**
$15.00 (if you have a valid Six Flags season pass)

Please bring extra $ for food. Six Flags only accepts card.

*****Space is limited and given to students on a **first come, first served basis**. Contact Leslie at 847-810-3999 or bruningl@cityoflakeforest.com with any questions.

Permission Slip

_____ **has my permission to go to FRIGHT FEST on Monday, October 9, 2023. I understand that my student will be transported by bus and that those in charge will use every precaution for the safety of the students. However, in the case of an accident or emergency, I will not attempt to hold CROYA, the City of Lake Forest or the Village of Lake Bluff in any way responsible. I have read and agree with the Liability Waiver on the back.**

_____**My student has permission to stay with their peer group and check in with staff at designated times and places throughout the day.**
_____ **I would like my student to remain in the company of an adult.**
_____**My child has a Great America Season Pass.**

_____ _____ _____
Signature of Parent/Guardian **Parent Telephone** **Date**

PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend CROYA, the City of Lake Forest, and the Village of Lake Bluff for any claims arising out of participation in said program(s).

For purposes of this Liability Waiver and Hold Harmless Agreement, the "program" or "programs" to which it relates include any and all activities undertaken or supervised by, or otherwise made available by or through, CROYA, the City of Lake Forest, and/or the Village of Lake Bluff, including activities involving the unsupervised use of equipment of property of CROYA, the City of Lake Forest, and/or the Village of Lake Bluff.

RISK OF INJURY: "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program, including transportation services, when provided."

WAIVER OF INJURY CLAIMS: "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, or claims I may have arising out of, connected with or in any way associated with, my minor child/ward's participation in the activities of the program, including transportation services, when provided."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge, CROYA, the City of Lake Forest and the Village of Lake Bluff and its officers, agents and employees from any and all claims from injuries, including death, damage, exposure to communicable disease or illness, or loss which may occur on account of my or my minor child/ward's participation in the program, including transportation services, when provided."

INDEMNITY AND DEFENSE: "I further agree to indemnify, hold harmless and defend CROYA, the City of Lake Forest and/or the Village of Lake Bluff and its officers, agents, and employees from any and all claims from injuries, including death, damages, exposure to communicable disease or illness, and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program, including transportation services, when provided. In the event of any emergency, I authorize CROYA to secure from any licensed hospital, physician, and / or medical personnel any treatment deemed reasonable and necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered."

COMMUNICABLE DISEASE OR ILLNESS MONITORING PERMISSION: In consideration of myself and/or my minor child/ward being allowed to participate in the Activity, I grant CROYA, the City of Lake Forest, and the Village of Lake Bluff, its officials, agents, or employees full permission to monitor for symptoms of communicable disease or illness. I understand and agree that if I and/or my minor child/ward shows symptoms of a communicable disease or illness or answers any questions in the affirmative, I and/or my minor child/ward shall not be allowed to participate in the Activity. I hereby agree and understand that the terms and provisions of the Participant Liability Waiver and Hold Harmless Agreement is extended to include communicable disease or illness, infection or the monitoring of communicable disease or illness as provided above.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

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