

2018 UCP Summer Family Field Trip Registration

UCP Client Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Email address: _____

June 28th **Pump it Up**
10-11:30 a.m. (please arrive at 9:45 a.m. to watch a safety video)

July 19th **The Matrix Gym**
9:15-10:15 a.m.

Additional children (siblings) I am registering:

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Child's name: _____ Age: _____

Registration requirements:

- Registration form
- Pump it Up Waiver for each child (if applicable)-attached
- The Matrix Gym online waiver (if applicable) available at www.thematrixgym.com
- Photo release including each child (optional)-attached

I understand that registration is on a first-come, first-served basis.



Pump It Up®

Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 15.02

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1: I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth
Participant Name	Date of Birth

2: I acknowledge and understand that there are known and unknown risks associated with participation in Pump It Up activities and the use of the play area, inflatable equipment and any and all other Pump It Up equipment, including but not limited to the Pop-In Playtime and Open play, which include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death. **3:** I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. **4:** I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any Pop-In-Playtime and/or any other open play event at Pump It Up. **5:** I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **6:** I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **7:** I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. **8:** I understand that entry, by myself and the participant(s) named, constitutes consent for Pump It Up to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. **9:** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. **10:** Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration; said arbitration to take place exclusively before a single arbitrator located within 25 miles of the Event location and in accordance with the rules of the American Arbitration Association then in effect.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

Address: _____

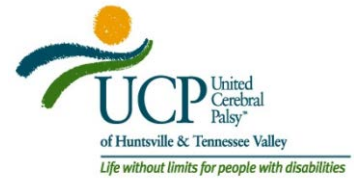
City: _____ ST: _____ Zip: _____

Emergency Contact number: () _____ or () _____

E-mail address: _____

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news.

RELEASE FORM



Authorization to Release Protected Health Information by United Cerebral Palsy of Huntsville and Tennessee Valley, Inc. (UCP)

Client (Child) Name: _____

Parent/Legal Guardian Name: _____

Relationship to Client: _____

2075 Max Luther Drive
Huntsville, AL 35810
CENTER: 256-852-5600
ADMIN: 256-859-4900
FAX: 256-852-6722
www.ucphuntsville.org

I hereby authorize UCP to use and disclose the following protected health information:

Photographs of client and/or family

Client's name

Client's diagnosis

Types and frequency of treatment received at UCP

Videotape of client and/or family

Client's age

Shared personal story

The above information may be used for the following events from the date of signature at the bottom of this release until the expiration date at the bottom of this release:

Print media, including regional newspapers

Electronic media, including radio, TV and internet websites

Special events and promotion thereof

Community fundraising events for UCP and promotion thereof

Irish Evening and promotion thereof

UCP web page

Information fairs / displays in the UCP Center and off-site

UCP family newsletter

Proposals and thank you items for corporate sponsors / donors

Seasonal parties

Tour groups

UCP of Huntsville and Tennessee Valley has my permission to use my or my child's photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I understand that, once this information is released, UCP is not responsible for information released by others.

This release will expire five years from the date of signature. I understand that I can revoke this authorization in writing at any time. I further understand that UCP cannot deny treatment or services if I refuse to sign this authorization.

Signature of Parent/Legal Guardian: _____

My E-Mail Address: _____

Date of Signature: _____