

**Permission/ Liability Waiver and Release**  
**Six Flags / Great Adventure**  
**May 19, 2016**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Information:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Medical Information**

Does your son/ daughter have any medical problems, allergies or physical limitations that we should know about ?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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**Emergency Contact**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Release of Liability**

I give permission for my child to participate in the Six Flags Great Adventure Park on May 19, 2016 (hereinafter referred to as "Event"). I understand that my child's participation in this Event may be physically demanding and that there is a risk of injury.

To the fullest extent permitted by law, I hereby release and forever discharge Our Lady of Mt Carmel, their officers, directors, members and employees, and all sponsors, charities, and workers, employees, directors, officers and individuals volunteering or participating in this Event (collectively, the "Released Parties") from any and all demands, causes of action, lawsuits, agreements, obligations, covenants, defenses, costs, liabilities and judgments, whatsoever,

known or unknown, suspected or unsuspected, whether they be in contract or in tort, in law or in equity, which my child may have against the Released Parties arising from my child's participation in the Event. I hereby waive all claims and demands against the Released Parties for any loss, damage, injury (including death), or claim of any kind, arising from, related to, or caused by my child's participation in the Event, and agree to indemnify, defend and hold harmless the Released Parties from all loss, liability, damages, costs and expenses (including attorneys' fees) arising from or related to same.

As a parent, I understand that it is my responsibility to pick my child at the predetermined time. I also understand that if my child becomes ill or destructive I will be contacted, and if I cannot be reached, the above "Emergency Contact" will be called to take my child home.

I also understand that the program sponsor is not responsible for personal items that are lost, mislaid or stolen while participating in the Event.

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**\*\*Parent/ Guardian Signature**

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**Date**

**Photo/Media Release**

I understand that my child's photograph, video or sound recording may be taken and that they may be used in publicity or marketing brochures or advertisements for the Event, Our Lady of Mt Carmel and/or for future events. I understand that there are no rights granted to me to inspect or approve such photographs, videos or sound recordings prior to their publication or use.

I grant the Event, Our Lady of Mt. Carmel and persons acting for or through them the right to take, use, reproduce, assign and/or distribute photographs, films, videos and sound recordings of my child for use in materials they may create.

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**\*\*Parent/ Guardian Signature**

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**Date**