

# High School Youth Group — Shakalaka Lock-In

Saturday July 31-August 1st, 12:00 AM to 7:00 AM



**Permission Slips and Shakalaka Waivers Required. Drop off and pick up will be at Shakalaka at Midnight on July 31st and be picked up at Shakalaka at 7 AM, Sat Aug. 1st.**

**Cost is \$45.00 SPACE IS LIMITED!!!**

**Includes admission, snacks, and continental breakfast.**

**For More information contact**

**Lori Lai at [llai@holyspirithsv.com](mailto:llai@holyspirithsv.com).**

**256-882-6483**

**Parents will be called to pick up any youth who chooses not to follow the posted rules or directions of any HS Youth Group Team Leader.**



**Diocese of Birmingham in Alabama - Form CH-1**  
**Parental/Guardian Consent Form and Liability Waiver**

Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Other phone( ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child  
(name of child) \_\_\_\_\_ to participate in this parish youth event that requires  
transportation to a location away from the site. This activity will take place under the guidance and direction of personnel from  
Holy Spirit parish.

A brief description of the activity follows:

Date of event/activity: Saturday, August 1, 2015 (Drop off Friday, July 31st at 11:55pm)

Type of event/activity: Shakalaka Lock In

Destination of event/activity: 4710 N. University Drive, Huntsville, AL 35816

Individual in charge of and responsible: Lori Lai 256-882-6483; 256-642-9508

Estimated time of departure and return: 12:00 AM to 7:00 AM

Mode of transportation: Parent Drop off and Pick Up at Shakalaka

Cost: \$45.00

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s) of Alternate: \_\_\_\_\_

Signature(s) of Parent/Guardian: \_\_\_\_\_

Name \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Optional:**

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Optional Instruction:**

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Special Dietary Considerations: \_\_\_\_\_

\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

You should be aware of these special medical or psychological conditions of my child:

\_\_\_\_\_

\_\_\_\_\_

**CODE OF CONDUCT**

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SHAKALAKA ALABAMA, LLC, PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION

(PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR SPOUSE AND MINOR'S LEGAL RIGHTS)

In consideration of being allowed to participate in the services and activities, including, but not limited to, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, fitness classes, trampoline courts, foam pit activities and snack bar access and any other amusement activities (collectively "ACTIVITIES"), provided by SHAKALAKA ALABAMA, LLC and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners, and any and all other persons and entities acting in any capacity on its behalf (collectively "SHAKALAKA"), I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge SHAKALAKA on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities as set forth below. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby acknowledges, agrees and represents that immediately upon entering or participating I will, inspect and carefully consider SHAKALAKA'S premises and facilities. It is further warranted that such entry into SHAKALAKA'S facilities for observation or use of any facilities or equipment or participation in ACTIVITIES constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and carefully considered and that the undersigned finds and accepts same for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) as being safe and reasonably suited for the purpose of such observation, use or participation by myself, and/or by my spouse, minor child(ren)/ward(s). The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby represent that (i) I/we are in good health and in proper physical condition to participate in the activities in which SHAKALAKA provides; and (ii) I/we are not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my/our ability to safely participate in activities; (iii) I/we have not been advised against activities by a health professional. I agree that it is my sole responsibility to determine whether I/we are sufficiently fit and healthy enough to participate in activities. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), agree to be familiar with and to abide by the rules established for the ACTIVITIES, which include without limitation the rules posted in the facility and/or the website. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), accepts sole responsibility for my own conduct and actions, as well as the conduct and actions of my spouse, minor child(ren)/ward(s) while participating in the activities, and the condition and adequacy of the equipment.

(1) **RELEASE OF LIABILITY:** Despite all known and unknown risks including but not limited to serious bodily injury, permanent disability, paralysis and loss of life, I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge and agree not to sue SHAKALAKA, including its suppliers, designers, installers, manufacturers of any trampoline equipment, foam pit material, or such other material and equipment in SHAKALAKA'S facility (all hereinafter referred to as "EQUIPMENT SUPPLIERS") and agree to hold said parties harmless of and from any and all manner of actions or omission(s), causes of action, suits, sums of money, controversies, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by SHAKALAKA or any EQUIPMENT SUPPLIERS, whether the action arises out of any damage, loss, personal injury, or death to me or my spouse, minor child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES in or about the premises. This Release of Liability, is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of SHAKALAKA and/or any EQUIPMENT SUPPLIERS.

(2) **INDEMNIFICATION:** I understand that the known and unknown risks may be caused in whole or in part by my or my spouse or child(ren)/wards own actions or inactions, the actions or inactions of others participating in activities, or the acts, inaction or negligence of SHAKALAKA or any EQUIPMENT SUPPLIERS, and in consideration of being allowed, along with my spouse and/or my minor child(ren)/ward(s) to participate in the ACTIVITIES, I hereby assume all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) as a result of the participation in ACTIVITIES in or about the facility, including any such loss due to any negligence of SHAKALAKA and all EQUIPMENT SUPPLIERS and agree to indemnify and hold harmless SHAKALAKA and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by SHAKALAKA and all EQUIPMENT SUPPLIERS as a result of any claims asserted by myself, my spouse and/or child(ren)/ward(s) against SHAKALAKA and all EQUIPMENT SUPPLIERS, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments SHAKALAKA and all EQUIPMENT SUPPLIERS incurs in the event of such loss whether caused by the negligence of SHAKALAKA or any EQUIPMENT SUPPLIERS and that on behalf of myself, my spouse or my minor child(ren)/ward(s) I further agree to indemnify and hold harmless SHAKALAKA for any injury, damage and/or harm myself, my spouse and/or my minor child(ren)/ward(s) cause to SHAKALAKA or its facility and/or to any and all other persons and entities acting in any capacity on behalf of SHAKALAKA.

(3) **ATTORNEYS' FEES:** I promise to indemnify SHAKALAKA for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of SHAKALAKA, pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(4) **PHOTO RELEASE:** By entering SHAKALAKA and participating in the ACTIVITIES, I hereby grant SHAKALAKA on behalf of myself, my spouse and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me, my spouse or my child(ren)/ward(s) in connection with SHAKALAKA and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

(5) **TERMS OF AGREEMENT:** I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my spouse and/ or child(ren)/ward(s) visit SHAKALAKA, whether at the current location or any other location or facility. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the laws of this state and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding,

continue in full legal force and effect.

(6) **VENUE:** In the event a lawsuit is filed against SHAKALAKA, I agree to the sole and exclusive venue of Madison County, Alabama. I further agree that the substantive law of Alabama shall apply without regard to any conflict of law rules.

**By signing this document, I understand that I may be found by a court of law to have forever waived my and my spouse and/or child(ren)/ward(s) right to maintain any action against SHAKALAKA on the basis of any claim from which I have released SHAKALAKA and any released party herein and that I have assumed all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) and agreed to indemnify and hold harmless SHAKALAKA and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by SHAKALAKA and all EQUIPMENT SUPPLIERS as a result of the participation in ACTIVITIES in or about the facility by myself, my spouse and/or child(ren)/ward(s) and/or claims asserted by myself, my spouse and/or child(ren)/ward(s) against SHAKALAKA and all EQUIPMENT SUPPLIERS related to such participation in ACTIVITIES. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**ENTER FULL NAME AND BIRTH DATE OF ALL FAMILY MEMBERS UNDER THE AGE OF 19**

Full Name #1: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Full Name #3: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Full Name #2: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Full Name #4: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**We reserve the right to review your license and/or other forms of ID to verify identity and age.**