



## EAST HAVEN

SOCIAL SERVICES

January 16, 2019

Dear Parent/Guardian:

The Town of East Haven Teen Center Program is planning a field trip to Circle Lanes Bowling, 525 Main Street, in East Haven on Friday, May 18, 2018. Anyone participating must arrive at the Circle Lanes at 6:45 to check in. We will bowl from 7:00-8:30. We will be eating from 8:30-9:00. Participants must be picked up from the Circle Lanes promptly at 9:00 p.m.

The participant's cost for this field trip is **\$10 per participant** which includes 1 slice of pizza, unlimited soft drinks, unlimited bowling and shoe rental. The Teen Center Program is contributing funds toward the cost of this trip.

**Space is limited to 30 participants.** To ensure a spot for this field trip please make sure the following slips are completed and returned with \$10 to Mr. Camera prior to Friday night:

- Town of East Haven permission slip - must be completed;
- \$10.00

**PLEASE NOTE:**

- The completed permission slip (all pages), and \$10 must be given to Mr. Camera, JMMS art teacher or Mr. Archambault at EHA.
- Participants may bring their own money for any snacks or sodas at Circle Lanes.
- If East Haven Public Schools have a delayed opening or are canceled there will be no field trip.
- **Once again please note that pick up time is 9:00 p.m. Friday at Circle Lanes.**

Please feel free to contact me if you have any questions regarding this exciting field trip. I can be reached at 203-468-3396.

Sincerely,

Bob Petrucelli, MPA

Town of East Haven Youth and Social Services  
250 Main Street  
East Haven, Ct 06512  
[eh.petrucelli@gmail.com](mailto:eh.petrucelli@gmail.com)  
203-468-3396

**TOWN OF EAST HAVEN YOUTH AND SOCIAL SERVICES**

250 Main Street  
East Haven, CT 06512  
203-468-3396

**TEEN CENTER CIRCLE LANES FIELD TRIP PERMISSION SLIP  
AND  
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby give permission for my child/dependent named above to participate in:

**The Teen Center Circle Lanes Field Trip on January 25, 2019**

*(hereafter, "Activities" or "Activity".*

I acknowledge that my child/dependent has voluntarily opted to participate in said activities and I consent to said participation.

**I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS ACTIVITIES AND THAT MY CHILD/DEPENDENT COULD BE SERIOUSLY INJURED OR EVEN KILLED. MY CHILD/DEPENDENT IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER(S) INVOLVED, AND WE AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN, RESULTING FROM PARTICIPATING IN SAID ACTIVITIES.**

**Parent or Guardian's initials:** \_\_\_\_\_

As consideration for being permitted by the Town to participate in the aforementioned activity and/or use the Town's premises and facilities, **I and my child/dependent forever release the Town and its respective subdivisions, departments, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my child/dependent, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, illness, death, or property damage, related to (i) my child's or dependent's participation in said activity, (ii) the negligence or other acts, whether or not directly connected to said activity, and however caused by any Releasee, or (iii) the condition of the premises where said activity will occur, whether or not I or my child/dependent am then participating in said activity.** I also agree that I, my child/dependent, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, MY CHILD/DEPENDENT, AND THE TOWN AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF AND MY CHILD/DEPENDENT

I VERIFY THAT THE DANGERS OF THE ACTIVITIES AND THE SIGNIFICANCE OF THIS RELEASE AND WAIVER WERE EXPLAINED TO ME AND MY CHILD/DEPENDENT OR THAT I HAVE INDEPENDENTLY INVESTIGATED THEM AND BOTH I AND MY CHILD/DEPENDENT UNDERSTAND THEM.

PARENT OR GUARDIAN of

\_\_\_\_\_  
(name of child)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number