

# EXTRAVAGANCIA

Los estudiantes se van saltando sobre hinchables en PUMP IT UP. Deberán llevarse en calcetines. Debe completarse y firmar la renuncia que se adjunta aquí con el fin de participar.

Fechas : 3-4 de febrero de 2012

Horarios: 17:00 viernes  
– 13:00 sábado

Lugares: Museo NSD, Pump It Up Karen Western Escuela

¿Quiénes?: Estudiantes con una pérdida de audición en los grados 3-6

¿Por qué? Aprender Danza, Ciencia, Historia y ¡te diviertas!

¿Tienes preguntas?: Póngase en contacto con Natasha Kraft,  
MRP 402-597-4975  
[nkraft@esu3.org](mailto:nkraft@esu3.org)



Información acerca de esta actividad incluyendo lo que debe hacer las maletas se enviará más tarde.

# Devolver este formulario por el 23 de enero de 2012

Natasha Kraft 6949 S 110 St. Omaha, NE 68128

Estudiante nombre \_\_\_\_\_ Masculino Femenino Edad \_\_\_\_\_ Grado \_\_\_\_\_

Distrito Escolar \_\_\_\_\_ Nombre de Educador de Sordos \_\_\_\_\_

Preferido método de Comunicación: Oral Lenguaje de señas

Alergias alimentarias o restricciones \_\_\_\_\_

Alojamiento necesario \_\_\_\_\_

¿Hay algo específico personal debemos saber acerca de su hijo? \_\_\_\_\_

Padre/tutor nombres \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Código Postal \_\_\_\_\_

Teléfono en casa \_\_\_\_\_ Teléfono celular \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_

¿Necesita actualizar 2011-2012 Nebraska Regional Programa salud/permiso formularios su hijo? (es decir, números de teléfono, direcciones, contacto de emergencia, medicina, etc.)

\_\_\_\_\_ No \_\_\_\_\_ Sí (se enviará un formulario de actualización a usted)

\_\_\_\_\_ No he completado los formularios para este año escolar (formularios se enviarán a usted)

*\* Entiendo que mi hijo debe estar en buen académico/comportamiento permanente a fin de asistir a esta actividad.*

Padre/Tutor Firma \_\_\_\_\_ Fecha \_\_\_\_\_

## Pump It Up Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 09.002

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.
2. I acknowledge and understand that there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment, including, but 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 party and/or program at Pump It Up.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin, agree to hold harmless 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.
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.
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.

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ Email: \_\_\_\_\_ (Optional)

Please check box:

I do not wish to receive email regarding party info.

I do not wish to receive email regarding Pump It Up promotions.