



Second District Dental Society of New York

2024 FAMILY FUN DAY EVENT

REGISTRATION FORM

Saturday, November 2nd | 10am—12:30pm | Urban Air Brooklyn
Limited Space | Registration Required | No Walk-Ins
Return registration form by Tuesday, October 29th

Contact Information

Name: _____ ADA# _____

Primary Phone: _____ Primary Email: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Registration Information

To register family members, please list their name(s) below. Please indicate ages of children or (A) for adult next to each name:

I confirm that I reviewed, signed, and returned SDDS release of liability waiver to SDDS HQ to complete my registration.

Payment Information

I authorize **Second District Dental Society** to charge my credit card \$_____ for this event.

Visa Mastercard American Express

Name on Card: _____

Credit Card Number: _____ Exp. Date: ____/____

Security Code: _____ Billing Zip Code: _____

Please return completed and signed form to fax (718) 797-4335 or info@sddsny.org.



Second District Dental Society of New York

SDDS

WAIVER AND RELEASE OF LIABILITY

Event: Family Fun Day

Date: Saturday, November 2nd, 2024

Location: Urban Air Brooklyn, 4422 2nd Avenue, Brooklyn, NY 11232

Participant Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

1. Acknowledgment of Risk:

I, the undersigned, acknowledge that I am voluntarily participating in the Family Fun Day organized by the Second District Dental Society. I understand that the event will take place at Urban Air Brooklyn, a trampoline and adventure park, and that participation in the event involves inherent risks, including but not limited to physical injury, property damage, and exposure to contagious diseases.

2. Release of Liability:

In consideration for being allowed to participate in the event, I hereby release and hold harmless the Second District Dental Society, its officers, directors, employees, volunteers, and agents (collectively referred to as "Released Parties") from any and all claims, demands, actions, or causes of action, which may arise out of or relate to my participation in the event. This release includes any claims for personal injury, property damage, or other loss that may result from my participation in the event, whether caused by the negligence of the Released Parties or otherwise.

3. Assumption of Risk:

I understand and acknowledge that participation in the event involves risks that may result in injury or damage to myself or others. I voluntarily assume all risks associated with my participation, including but not limited to risks associated with physical activity and exposure to contagious diseases.

4. Indemnification:

I agree to indemnify and hold harmless the Released Parties from any claims, liabilities, damages, or expenses arising out of my participation in the event, including any claims made by or on behalf of any third parties.

5. Acknowledgment of Understanding:

I acknowledge that I have read this Waiver and Release of Liability carefully and understand its terms. I am signing this document voluntarily and with full knowledge of its implications. I understand that by signing this waiver, I am giving up substantial legal rights, including the right to sue the Released Parties.

6. Governing Law:

This Waiver and Release of Liability shall be governed by and construed in accordance with the laws of the State of New York.

Member Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name(s) of Children: _____

Relationship to Minor(s): _____

Please send completed waiver by fax to 718-797-4335 or email info@sddsny.org to complete your registration. Thank you!