



## DuPage County ACT-SO Day of Service & Social Outing Permission Slip and Liability Waiver

**Trip Date:** November 8, 2025

**Destination:** Scene75 Entertainment Center

**Address:** 460 S. Weber Rd. Romeoville, IL 60446

**Student's Full Name:** \_\_\_\_\_

### Permission & Consent

I, the undersigned parent/legal guardian of the student named above, give permission for my child to participate in a field trip to Scene75 Entertainment Center on the date listed above, as part of the DuPage County ACT-SO youth enrichment program Day of Service/Social Outing.

I understand that this activity involves access to entertainment attractions such as arcade games, laser tag, go-karts, bumper cars, inflatables, mini-golf, and/or other similar amusement activities. I understand that participation involves inherent risks, including but not limited to physical exertion, slips, falls, collisions, or equipment-related injuries.

I acknowledge that no transportation will be provided by the program or its organizers, and it is my responsibility to arrange safe transport for my child to and from the venue.

### Waiver of Liability & Assumption of Risk

In consideration for allowing my child to participate in this trip, I hereby release and hold harmless: DuPage County ACT-SO/Business, Arts, STEM Excellence (B.A.S.E.), its volunteers, and affiliates, from any and all liability, claims, or causes of action for personal injury, illness, accidents, or property damage that may occur during participation at Scene75 Entertainment Center, including any activities engaged in at the center.

I understand and agree that this waiver extends to any and all risks associated with attendance at the amusement center and participation in activities there. I certify that my child is in good health and physically able to participate in this trip. I understand that DuPage County ACT-SO/ B.A.S.E. does not provide medical insurance coverage for participants and that I am responsible for any medical costs incurred.

By signing below, I confirm that I have read and understood this permission slip and liability waiver. I voluntarily agree to its terms.

Parent/Guardian Name (printed): \_\_\_\_\_

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

Date: \_\_\_\_\_