

KIDZ PLAZA INDOOR PLAYGROUND WAIVER OF LIABILITY / ASSUMPTION OF RISK

I, for myself, my child/children or ward/wards sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at/by **KIDZ PLAZA INDOOR PLAYGROUND**.

I, for myself, my child/children or ward/wards acknowledge and understand that there are dangers and risks associated with the activities at/by **KIDZ PLAZA INDOOR PLAYGROUND** and agree to assume all risk of personal injury, including the potential for paralysis and death.

I, for myself, my child/children or ward/wards agree to follow the safety instructions provided and acknowledge that failure to do so may result in expulsion from **KIDZ PLAZA INDOOR PLAYGROUND**.

I, for myself, my child/children or ward/wards, and on behalf of my or their heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS **KIDZ PLAZA INDOOR PLAYGROUND**, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law.

I, for myself, my child/children or ward/wards understand that my execution of this waiver on the initial visit will authorize **KIDZ PLAZA INDOOR PLAYGROUND** to enter this waiver into its database and use it as a continuous, multi use waiver for my child's/children's ongoing participation in the activities or use it as a waiver executed for my other child/children. I hereby expressly authorize **KIDZ PLAZA INDOOR PLAYGROUND** to use this Waiver as a multi use waiver until such time as I revoke it in writing.

Participant Name: _____ Birth date: _____ Age: _____

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Participant Name: _____ Birth date: _____ Age: _____

Parent/Guardian of Child/Children: (signature) _____

Print Parent/Guardian Name: _____

Emergency Contact Number: _____

Today's Date: _____