

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 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 PLAYGROUND and agree to assume all risk of personal injury, including potential 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 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 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 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 PLAYGROUND to use this waiver as a multi-use waiver until such time as I revoke it in writing.

ATTENTION: The waiver should be completed EVERY calendar year (Jan 1st – Dec 31st)

Child's Name: _____ Birth date: _____ Age: _____

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Print Parent/Guardian Name: _____

Parent/Guardian of Child/Children Signature: _____

Emergency Contact Number: _____

Today's Date: _____