

A COMPLETED WAIVER IS REQUIRED TO ENTER & PARTICIPATE AT THE PLAYROOM TRICITIES, INC.

In consideration of being allowed to enter into the play center and/or participate in any parties, activities, or programs at The Playroom, the undersigned, on his/her own behalf and on behalf of the minor identified below and/or accompanying him/her, acknowledges, appreciates and agrees that:

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. Inflatables can be hazardous and dangerous. Activities require strenuous exercise and various degrees of skill and expertise. I understand that these activities can result in serious injury to the person or child. I assume any and all risk and damage or injury while on The Playroom premises. I will provide my full name and phone number when reporting any injury. The Playroom does not provide medical care or advice.
3. I am aware of the risk, hazards and danger of personal injury, disability and/or death as a result of participation at The Playroom, including those that may arise out of the negligence of other participants. Also, if I discover any hazard during our participation, I will bring it to the attention of a Playroom employee immediately.
4. In consideration for admission of my child/ward and myself, I hereby release, waive and forever discharge and covenant not to sue The Playroom TriCities, Inc., its owners, agents, employees, officers, directors, trustees, all other persons/entities acting on its behalf, from any and all claims, actions, participation/use of the facility.
5. By the execution of this damages, liability, cost or expense including attorneys fees which are related to or arise out of or in any way connected to mine or my child/ward's agreement, it is my intention to assume all risk of injury and do hereby surrender and waive any rights to sue or exercise any legal right to seek damages against The Playroom TriCities, Inc., its owners, agents, employees, officers, directors and/or all other persons or entities acting on its behalf.
6. I acknowledge that my or my child/ward's participation in activities at The Playroom is strictly voluntary. I hereby certify that I'm over 18 years of age; I have carefully read the foregoing covenant not to sue and acknowledge that I understand and agree to all of the above terms and conditions. Prior to signing this agreement, I have had an opportunity to ask any and all questions. I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess.
7. I have read a copy of the operational rules and understand that it is my responsibility to ask questions about the operational rules and regulations if necessary. I understand that it is my responsibility to ensure that I and my child/ward understand the rules. Employees may be on hand to monitor children/adults playing but I am solely responsible for monitoring my child/ward and my own activities. I will bring any observation of the rules being broken to the attention of The Playroom staff member. I certify that I and/or my child are in good health and that I and/or my child have no physical limitations which would preclude safe participation at The Playroom.

**Guardian is responsible for child's safety and observance of all rules.
The Playroom is not responsible for personal items.**

PARTY GUEST BIRTHDAY Child's Name _____

Please complete this waiver. Present at arrival.

Total attending party # _____ Includes All Adults, Children, & Babies. Everyone must be on this waiver.

Age	CHILD'S Name	Age	CHILD'S Name	Age	CHILD'S Name
(____)	_____	(____)	_____	(____)	_____
(____)	_____	(____)	_____	(____)	_____

Parent/Guardian Name: _____ Signature: _____ Date: _____

I have read & agree to the terms of the waiver.

Additional Adult Name: _____ Signature: _____

I have read & agree to the terms of the waiver.

Additional Adult Name: _____ Signature: _____

I have read & agree to the terms of the waiver.

Additional Adult Name: _____ Signature: _____

I have read & agree to the terms of the waiver.

**Every ADULT & CHILD Must REMOVE SHOES & WEAR SOCKS To Enter
The Facility & To Access The Party Room. Socks are available for purchase.**