

PANDA PLAYTIME AND PARTIES WAIVER

As consideration for being allowed to enter this play area and/or participate in any party and/or program at Playtime and Parties, the undersigned, on his behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

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.

Participant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. I acknowledge and understand that there are risks associated with participation in activities at Playtime and Parties and the use of play area and inflatable equipment including, but not limited to contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may also occur due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules and ventral instructions and conditions for participation in any party and/or program at Playtime and Parties.
5. I for myself, the Participant(s)name, our heirs, assigns representatives, and next of kin agree to hold harmless and indemnify the independent owner, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of Playtime and Parties, their predecessors, parents, subsidiaries and affiliates, officers and employees for any cost or expense arising from any and all claims, injuries, liabilities or damages from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement; I hereby execute this agreement without coercion.
8. I nor anyone in my house has had a fever, cough, or been exposed to covid in the last 24 hrs

Parent or Guardian 18 years of age or older Yes \_\_\_\_\_ No \_\_\_\_\_

Name(Print Clearly) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_