



Waiver of Liability Form

In consideration of being allowed to play at The Klubhouse, the undersigned, on his/her behalf and on behalf of the minor(s) identified below, acknowledges and agrees that:

- * I willingly agree and comply with the stated and customary terms, rules, and conditions, I will read all posted signs, and will not take any photographs without consent; and
- * I understand that risk of injury can be significant, including potential for paralysis and even death; and
- * I knowingly and freely assume all risk both known and unknown, even arising from negligence of other. I assume full responsibility for all participants listed below. Furthermore, I agree to assume all liability for all medical costs, attorneys fees, and all other damages resulting from injury to myself and the undersigned participants; and
- * I understand that The Klubhouse involves physical activity, freely accept all risk of personal injury and release The Klubhouse, The Fun Zone LLC, their members, managers, officers, employees, agents, representatives and those sponsoring agencies and other organizations affiliated with them from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in The Klubhouse referred to above, it being specifically understood that it includes physical activity by the participants.
- * I for myself and on behalf of my heirs, assign personal representatives and next of kin, hereby hold harmless The Klubhouse, The Fun Zone LLC, their members, managers, officers, employees, agents, representatives and those sponsoring agencies with respect to any and all injury, disability, death, or loss or damages to person or property to the fullest extent of the law; and
- * By signing below for my children, and/or spouse, I also agree to the above conditions.

Signature _____

Date _____

Print Name _____

Child #1 _____

Date of Birth _____

Child #2 _____

Date of Birth _____

Child #3 _____

Date of Birth _____