

PARENTS MUST STAY PRESENT WITH CHILD!!!

(CHILDREN UNDER 7 YEARS OLD)



Activity Release Form

Acknowledgement of Risk, Release of Liability, and Participant Agreement

I acknowledge that Laser Tag, Inflatables, Whirly Ball and any other activities at Mad Mad Whirled, LLC have inherent risks and may result in serious injury, paralysis or death. I further understand that Laser Tag, Inflatables, Whirly Ball and any other activities will be shared with others over whom Mad Mad Whirled, LLC has no control; and

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any activities at/by Mad Mad Whirled, LLC; and

I, for myself, my child or ward and on behalf of my or their heirs, assigns, personal representatives, and next of kin, knowingly and freely accept and assume all risks, both known and unknown, even if arising from negligence from other participants or employees and officers, its owners, its agents, its employees, equipment manufacturers, and sponsoring agencies and other participants with respect to any and all claims, including but not limited to actions expenses, injuries, disability, death, paralysis, or loss or damage to person or property to the fullest extent of the law. In addition, the undersigned fully agrees to pay for all medical costs, attorney's fees, and all other damages from injury to him or herself or those minor participants signed for by the undersigned, and

I, for myself, my child or ward agree to follow the stated and customary terms, rules and conditions for participation at Mad Mad Whirled, LLC. If I become aware of, or observe any hazard or potentially dangerous condition during my attendance/ participation, I will notify the nearest employee immediately; and

I have read the above release and assumption of risk acknowledgment and agree to be bound by it for myself, and all minor participants listed below; and, as the parent/legal guardian/ custodian, I have been afforded the opportunity to ask for any explanations and to ask any questions concerning this release, and have not been given any other information verbal, or written which in any way modifies the existence of the risks of injury above set forth. I hereby give my consent for all participants for whom I am responsible and whose names are listed below:
I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

Adult Name **Print**

Phone Number & Email Address

Adult Signature:

Date

Participant Names:

Parents signatures:

