

In consideration of being a willing participant in any party or open play at The Playground For Kids LLC in Ankeny, Iowa. The participants and or guardians signed on this waiver agree to the following:

I understand and acknowledge that the activity which I am or/and (any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs personal representative) about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks could result in injury, death, illness or disease, physical or mental, or damage to myself, or to spectators or third-parties. I, being aware of this activity entails risk or injuries to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representative, or assigns) expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representative, or assigns) participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

Release: In consideration of the services provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns, do hereby release The Playground For Kids LLC, its principals, directors, officers, agents, employees and volunteers from any liability and waive claim for damages arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse you all attorney fees and costs should I bring legal action against you and lose.

Severability: If any part of this agreement is held unenforceable, the rest of this agreement will continue in effect.

Parent/Guardian Print Name:

Parent/Guardian Signature Date:

Participant Name: Date of Birth

Participant Name: Date of Birth

Home Address:

Emergency Contact Name and Number:

Email: