



KID VENTURES PARTICIPANT WAIVER FORM

In consideration of being allowed to enter the Kid Ventures (Gym Ventures, Inc.) facility and or participate in any party/program, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

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. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participating in any party and/or program at Kid Ventures (Gym Ventures, Inc.). If I observe any hazard during participation, I will bring it to the attention of the nearest Kid Ventures employee immediately.

I am aware of the inherent risks associated with participation in Kid Ventures (Gym Ventures, Inc.) programs, parties, and/or use of the facility (play village, castle and pirate ship) and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, for myself and the participant(s) named below, and other respective heirs, assignees, administrators, personal representatives and the next of kin, hereby release and hold harmless, Kid Ventures (Gym Ventures, Inc.), their officers, members, agents, employees, other participants, and sponsoring agencies from and against any all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Kid Ventures (Gym Ventures, Inc.) programs, activities, parties, and the use of the facility.

Participant Name

Participant Date of Birth

Participant Name

Participant Date of Birth

Participant Name

Participant Date of Birth

List Participant Allergies and/or Medical Conditions (if any): _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Address: _____

Emergency Contact Name and Phone #: _____

Email: _____