

PLEASE COMPLETE WAIVER PRIOR TO ENTERING THE PLAYROOM

Please note this must be signed by the parent and can be printed and brought in by your caregiver.

In consideration for participation in activities at Imagination Village LLC, I hereby agree on my behalf and on behalf of the minor(s) listed below to the following:

I understand that participation in activities at Imagination Village can be risky and that risks of injury include without limitation, scrapes, bruises, cuts, and even more serious injuries, such as broken bones or paralysis, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and all children listed below. I understand that it is my responsibility to supervise the children listed below when they are participating in activities at Imagination Village, not the responsibility of the playroom facilitators. I will obey and will make sure that all children listed below obey the rules posted at Imagination Village.

With the full understanding of the risks stated above, I, for myself and all the children listed below, hereby release, hold harmless and forever discharge and covenant not to sue Imagination Village LLC, its owners, employees, and all other persons acting on its behalf, for any injury at or related to Imagination Village LLC, and agree to reimburse any reasonable attorney’s fees and costs that may be incurred by Imagination Village LLC. I agree and understand that this agreement is binding for myself and all children listed below and the heirs, successors and assigns of myself and all children listed below.

By signing below, I certify that I am the parent or legal guardian, supervisor, or responsible person for the following child(ren) for whom I am signing, or that I have the express permission of the parent or legal guardian. I understand that this is a permanent waiver to be kept on file by Imagination Village LLC, for today’s visit and all future visits.

Today's Date: _____/_____/_____

Parent Name: _____

Signature: _____

Phone: _____

Child(ren)'s Name

Birth Date

Multimedia Release

I understand that photographs and/or video may be taken of my child while they are in the playroom. I give permission for Imagination Village to use photographs and/or video of my child for publications and marketing materials.

Parent/ Legal Guardian Signature:_____ Date:_____