



### RELEASE AND WAIVER OF LIABILITY

I represent that 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) below to execute this agreement on their behalf. I, for myself, my child or participant(s) below sign this waiver and Assumption of Risk in consideration of the use of the facility, or to participate in any parties or activities at/by iPlay-Austin. I, for myself, my child or wards listed below, acknowledge and understand that there are dangers and risks associated with the activities at/by iPlay-Austin and agree to assume all risk of property damage and personal injury, including but not limited to deep scratches, broken bones, concussions, chipped teeth, paralysis and death.

I acknowledge that, even though iPlay-Austin staff may be present, it is my responsibility to monitor my activity and the activities of the participant(s) listed below and that I and the participants obey the posted rules. If I observe any rules being broken or hazard during our participation, I will bring it to the attention of the nearest iPlay-Austin employee immediately.

I, for myself, my child or the participants wards listed below, and on behalf of my or their heirs, assigns, personal representatives and next of kin, agree to WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE iPlay-Austin, its owners, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death, proceeding cost, expenses or loss or damage to a person or property during our time at iPlay-Austin to the fullest extent of the law, even if the liability arises from the negligence of iPlay-Austin owners, employees, equipment manufacturers and sponsoring agencies.

#### Children/Participants Info:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_



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