

LAST NAME _____ FIRST NAME _____ (for filing purposes)

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

PLEASE COMPLETE WAIVER PRIOR TO ENTERING THE PLAYROOM

In consideration for participation in activities at The Playroom, Tots of Fun, Inc., I hereby agree on my behalf and on behalf of the minor(s) listed below to the following:

I understand that participation in The Playroom, Tots of Fun, Inc. activities are risky and that risks of injury include without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, 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 The Playroom Tots of Fun, Inc., not the responsibility of The Playroom Tots of Fun, Inc., I will obey and will make sure that all children listed below obey the rules posted at The Playroom, Tots of Fun Inc. I understand that violation of rules could result in expulsion from The Playroom, Tots of Fun, Inc. with no monetary reimbursement.

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 The Playroom, Tots of Fun, Inc., its owners, officers, directors, agents, employees, and all other persons acting on its behalf, for any injury at or related to The Playroom Tots of Fun, Inc., and agree to reimburse any reasonable attorney's fees and costs that may be incurred by The Playroom, Tots of Fun Inc.

I agree and understand that this agreement is binding on myself, my child and all children listed below and the heirs, successors and assigns of myself, my child, and all children listed below. By signing below, I certify that I am the legal parent or guardian of the child(ren) for whom I am signing or, if I am not the parent or legal guardian, that I have the express permission of the child(ren)'s legal parent or guardian. I understand that this is a permanent waiver to keep on file by The Playroom Tots of Fun Inc, Inc. for today's visit and all future visits.

Today's Date: ____/____/____

Signed: _____ Print Name: _____

Address: _____

City: _____ Zip: _____

Home or Work Phone: _____ Cell Phone: _____

Email: _____

Child's Name	Birth Date
_____	_____
_____	_____
_____	_____