

Battle Zone Birthdays (BZB) - Birthday Party Release Form

113 DeAnna St Robinson, TX 76706

WAIVER OF LIABILITY

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the opportunity to sue the facility, or to participate in any parties or activities at/by BZB.

I, for myself, my child or ward acknowledge and understand that there are dangers and risks associated with the activities at/by BZB and agree to assume all risk of personal injury, including the potential for paralysis and death.

I, for myself, my child or ward agree to follow the safety instructions provided and acknowledge that failure to do so may result in expulsion from BZB.

I, for myself, my child or ward, and on behalf of my or their heirs, assigns, personal representatives and next of kin, **HEREBY HOLD HARMLESS BZB**, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death or loss of damage to person or property to the fullest extent of the law.

I, for myself, my child or ward, consent to the publication of personal pictures, which may be taken by BZB personnel or their representatives. Publication may include but is not limited to, marketing materials and websites. BZB agrees not to share or divulge my information with any third party without my express permission.

I understand this document is a contract and does not expire without written notice from either party. I have read it thoroughly. I understand and agree to the terms and conditions it contains.

Participant's First & Last Name

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Information (if participant is not 18)

Relationship: _____

First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____