

Waiver must be signed for each person in attendance for a private birthday party

In consideration of being allowed to enter the play area and/or participate in any party at The Woodlands United Methodist Church Safari Stop Indoor Playground and Creation Station Party Room, 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 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) 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 participation in any party at The Woodlands United Methodist Church Safari Stop Indoor Playground and Creation Station Party Room. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest TWUMC employee or official immediately.

I am aware that there are inherent risks associated with participation in Safari Stop playground parties, and/or use of the play area equipment 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; and, I for myself and the participant(s) named below and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, The Woodlands United Methodist Church, their affiliates, officers, members, agents, employees, and other participants from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all TWUMC parties, the use of the play area and equipment.

Participant Name:	Participant Date of Birth:
_____	_____
Participant Name:	Participant Date of Birth:
_____	_____
Participant Name:	Participant Date of Birth:
_____	_____
Participant Name:	Participant Date of Birth:
_____	_____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Address: _____ **City, St, Zip:** _____

Emergency Contact Phone #: _____

