

# WAIVER OF LIABILITY

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In consideration of being able to participate in various activities at Climb-A-Lot Clubhouse the undersigned on his or her own behalf and on behalf of any executors, heirs, successors and assigns hereby acknowledges and agrees as follows:

1. I represent that I am the parent or legal guardian of the participant named below, or I have obtained permission from the parent/legal guardian of the participant named below to execute this document on their behalf. I agree that the participant named below and I shall comply with all stated and customary terms, posted safety signs, rules, verbal instructions and conditions for participation in any party and/or program or activity at Climb-A-Lot Clubhouse. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest employee of Climb-A-Lot Clubhouse or official immediately.

2. I am aware that there are inherent risks associated with participation at Climb-A-Lot Clubhouse programs, parties, use of the play area and I on behalf of myself and the participant named below knowingly and freely assume all such risks and nuisances, both known and unknown, including those that may arise out of the negligence of employees or the other participants; and I, for myself and the participant named below and our respective heirs, assigns, administrators, personal representatives, next of kin, hereby release and hold harmless Climb-A-Lot Clubhouse, Jack Morgan, LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Climb-A-Lot Clubhouse programs, activities, parties the use of the play area. I, on behalf of myself and the participant named below certifies that we are physically fit and may participate in the activities available at Climb-A-Lot Clubhouse and have not been advised otherwise by a qualified medical person.

By signing below I indicate that I agree to the terms of this document and that I have read it thoroughly.

Participant Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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