



Waiver and Release of Liability Form

I, (parent's name) _____ desire to use FunVille Playground and Café. This Assumption of risk, waiver, and Release of Liability covers all activities at FunVille Playground and Café.

Your presence and participation in our facility is your Express Agreement and Consent to the Conditions of the Playground below on behalf of yourself and any minors in your care:

- The activities at FunVille Playground and Café require certain degree of skill, ability, and physical condition. You assume that participation in programs, parties or any other event at FunVille Playground and Café creates risks, hazards and danger of personal injury, disability and/or death.
- I Understand and acknowledge that the activity which I am or/and (any minor children for which I am the Parent, legal guardian, or otherwise responsible, any heirs personal representative) about to voluntarily engage in as a participant and/or volunteer bears certain know risks and unanticipated risk could result in injury, death, illness or disease, physical or mental, or damage to myself, or to spectators or third-parties.
- I, being aware of this activity entails risk or injuries to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, any hires, personal representative, or assigns) expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, and heirs, personal representative, or assigns).
- Participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.
- In consideration of the services provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns, due hereby release FunVille Playground and Café from any liability and waive claim for damages arising from any cases whatsoever (except that which is gross negligence). I further agree to reimburse you all attorney fees and costs should I bring legal action against you and lose.
- If you don't agree to these conditions, you should immediately cease participation and exit the facility.

Child's Name

1. _____

2. _____

3. _____

4. _____

Parent / Guardian Name:

Date of Birth

1. _____

2. _____

3. _____

4. _____

Email:

Emergency Contact Name and Number:
