

Assumption of Risk, Waiver, and Release from Liability I, desire to use the facilities at Starting Together Promotes Success (S.T.E.P.S) INDOOR PLAY AREA located at: 322 G Wanaque Ave. Pompton Lakes , NJ 07442. This Assumption of Risk, Waiver, and Release of Liability covers all activities at (S.T.E.P.S)

1. Risk Factors- I understand and acknowledge that the use of the facilities at (S.T.E.P.S) involves risks including, but not limited to the following: bodily injury including but not limited to permanent disability, paralysis, and death. These risks may result from a variety of circumstances including the misuse of equipment or facilities.

2. Assumption of Risk- I am choosing to use the facilities at (S.T.E.P.S) at my own risk. I understand and acknowledge that the activities 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 assume full responsibility for all risks that may arise from using the facilities at (S.T.E.P.S) or from participating in activities at (S.T.E.P.S).

3. Acknowledgement of Policies and Procedures- I acknowledge that I have read, know, and agree to all of the policies and procedures relating to the use of the facilities at The Playground. I agree to comply with all rules, regulations, and policies at (S.T.E.P.S). I understand The Playground reserves the right to revoke or terminate my use of the facilities at (S.T.E.P.S) for any violation of rules, regulations, or policies.

4. Release, Indemnify, and Defend- I hereby release, waive, discharge, and hold harmless (S.T.E.P.S) and all employees past or present from any claims, suits, liabilities, judgments, costs and expenses for any property damage, loss or theft, personal injury or illness, death, or other loss arising from the use of (S.T.E.P.S).

5. Waiver- I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. I am releasing unknown future claims.

6. Representatives- I enter into this agreement for myself as well as for my heirs, assigns, and legal representatives.

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily on behalf of myself and any minor child/children for whom I am the parent, legal guardian, or otherwise responsible for, named below:

Participant's Name: _____ Date Of Birth: _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Guardian Name (Print) _____ Guardian Signature _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone _____

Please list any medical conditions or allergies that the participant may have:

