



## Waiver and Release of Liability Form

### Participant Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is participant a minor? Y/N**

**If yes waiver MUST be signed by a parent or legal guardian.**

### Parent/Legal Guardian Information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### Emergency Contact (other than parent/guardian):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I, the undersigned, as the participant or parent/ legal guardian of the minor named above, hereby acknowledge and agree:

**1. Assumption of Risk:** Participation in activities at “the rec space” involves inherent risks, including but not limited to physical exertion, falls, contact with equipment, and the

actions of others. I understand and voluntarily assume all such risks on behalf of myself or the above named minor.

**2. Release of Liability:** I hereby release, discharge, and hold harmless “the rec space”, its owners, staff, affiliates, and agents from any and all liability, claims, demands, or causes of action arising from or related to any injury, illness, or loss sustained by myself or above named minor while participating in activities at the facility.

**3. Medical Consent:** In the event of an emergency, I authorize “the rec space” staff to obtain medical treatment for the minor. I agree to be responsible for any resulting expenses.

**4. Rules & Conduct:** I acknowledge that myself or above named minor have read and understand “the rec space” rules and agree to adhere to said rules and staff instructions. I understand that failure to do so may result in removal from the premises without refund.

**5. Media Release (Optional):** I give permission for “the rec space” to use photos or video of the minor taken during participation for promotional purposes.

☐ Yes ☐ No

### **Acknowledgment and Signature**

**I have read and understand this waiver and voluntarily agree to its terms.**

Participant Name: \_\_\_\_\_

Participant or Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_