

A FULLY COMPLETED WAIVER IS REQUIRED FOR PARTICIPATING AT CAFFEINE
& CHAOS INDOOR PLAYGROUND!



In consideration of being allowed to enter into the play area and/ or participate in any party and/ or program at Caffeine & Chaos Indoor Playground, the undersigned, on his or her own behalf, and/ or on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

The play equipment at Caffeine & Chaos Indoor Playground can be dangerous. I understand there is a possibility of serious injury to the person or child. I assume any and all risk and damage or injury while on the Caffeine & Chaos premises. I am aware of the risk, hazards and danger of personal injury, disability and/ or death as a result of participation at Caffeine & Chaos Indoor Playground, including those that may arise out of the negligence of other participants. Also, if I discover any hazard during or participation, I will bring it to the attention of the nearest Caffeine & Chaos employee immediately. I understand the operational rules and understand that it is my responsibility to ensure that I/ my children understand the rules. Although there may be staff members for monitoring children/ adults playing, it is my responsibility to monitor my children and my own activities. I will bring any observation of the rules being broken to the attention of a staff member. By the execution of this agreement, it is my intention to assume all risk of injury and do hereby surrender and waive any rights to sue or exercise any legal right to seek damages against Caffeine & Chaos, LLC, it's owners, property owners and employees.

Participants Name _____ Date of Birth _____

I hereby certify that I have carefully read the forgoing covenant not to sue and acknowledge that I understand and agree to all of the above terms and conditions. I am aware that by signing this agreement, I assume all risk and waive and release all substantial right that I may have and possess.

Parent/ Guardian (Print) _____

Phone # _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/ Guardian Signature _____