

POWERPLAY

Waiver Form

- Play
- Party
- Group

Child's Last Name _____ Child's First Name _____

Age _____ Date Of Birth _____ Sex _____

Parent's Last Name _____ Parents First Name _____

Address _____ Zip _____

Home# _____ Work# _____ E-mail _____

Emergency Contact _____ Tel# _____

PARENT OR GUARDIAN, PLEASE READ CAREFULLY AND SIGN & DATE BOTTOM LINE.

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION

I certify that this enrollee has no condition that prohibits full participation in activities at powerplay. I assume all ordinary risks when using the facilities and hereby release Powerplay, or any of its instructors or employees for any injury or damage suffered in connection with said use of the equipment, instructors and facilities. In case of an emergency and I (the undersigned) cannot be reached, I authorize Powerplay, its agents and employees to contact and secure if necessary medical attention for my child.

I read, understand and accept all participant terms and conditions.

Parent or Guardian Signature _____ DATE _____