



The Backyard Party Place

91 Mill St. #8 – Dracut, MA 01826
(978) 957-2006

You are Invited to: _____ Party!

(day)

(date)

(time)

Please remember that each participant needs a signed waiver form and socks are required.

Waiver

In consideration of Backyard Party Place, Inc. permitting the undersigned and the minor(s) identified below to enter into the play area and/or to participate in any parties, programs or other activities at Backyard Party Place, Inc., 91 Mill St. Suite 8, Dracut, MA 01826, the undersigned on his or her behalf and on behalf of the minor(s) identified below hereby Acknowledge and Agree as follows:

1. To comply with the stated and customary rules, terms and conditions for participation in said parties, programs or other activities.
2. To immediately bring to the attention of Backyard Party Place, Inc., its employees or agents any hazard I/we may observe during parties, programs, or other activities.

I/We hereby acknowledge and understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment, and personal discipline reduce the risk, the risk does exist; and

I/We knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants. I/We assume full responsibility for all participants listed below. Further, I/We agree to assume liability for all medical costs, attorney's fees, and all other damages resulting from injury to myself and the undersigned participants; and

I/We for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Backyard Party Place, Inc., their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death or loss or damage to a person or property to the fullest extent of the law.

Participants: _____ / / _____ / /
Name Date of Birth Name Date Of Birth

Participants: _____ / / _____ / /
Name Date of Birth Name Date Of Birth

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Emergency Contact if dropping off: Home: _____ Mobile: _____