

In Consideration of being allowed to enter the play area and/or participate in any party and/or program at KIDSZONE, 109-H Racetrack Rd, Ft. Walton Beach, FL the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

KIDS ZONE

Release and Waiver

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at KIDSZONE. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest KIDSZONE employee or official immediately;

I am aware that there are inherent risks associated with participation in KIDSZONE programs, parties, and/or use of the play area and inflatable equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Emerald Coast Entertainment LLC d/b/a KIDSZONE, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all KIDZONE programs, activities, parties, the use of the play area and/or inflatable equipment.

Participant Name Participant Date Of Birth

Participant Name Participant Date Of Birth

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Address City, State ZIP

Emergency Contact Phone # Email (Optional)

I choose for this Waiver to be valid and active for 6 months from this This is for this date only.