



**1641-B Matthews-Township Pkwy.  
Matthews, NC 28105  
704-321-0059**

## **WAIVER OF LIABILITY**

Understanding that all reasonable precautions have been taken to assure that Space Kidets, LLC is as safe as possible, I understand that the activities and inflatables have experienced risks and may result in slipping, falling, colliding or crashing, and could result in illness, disease, emotional distress, including the potential for paralysis and death. I further understand that the activities and inflatables will be shared with others over whom Space Kidets, LLC has no control.

I knowingly and freely assume all risks, both known and unknown, and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS Space Kidets, LLC, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies, from all liability for any such personal injury, disability, death, loss or damage to person or property to the fullest extent of the law. I agree to follow all safety rules provided and acknowledge that failure to do so will result in expulsion from Space Kidets, LLC.

I have read this waiver and agree to be bound by it for myself and all participants listed below; and, as the parent/guardian\*, I hereby give my consent for all participants under 18 years of age for whom I am responsible, and whose names and ages are listed below.

In the event that medical attention is needed for myself, or any of the participants listed below, I give permission for basic first-aid and assistance to be administered by staff of Space Kidets, LLC. In the event that advanced first-aid is required, Space Kidets, LLC will call 911 and I authorize for medical care to be administered as required by a trained medical professional. I agree to release Space Kidets, LLC from all claims, damages, injuries and expenses arising out of such assistance, including any claims arising from contact needed to administer assistance.

**I UNDERSTAND THAT THIS WAIVER IS A CONTRACT AND THAT I HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS.**

Parent/Adult Signature:

Print Name:

Date:

Address:

Emergency Contact #

Email Address (optional)

I do not wish to receive mail/email regarding specials and promotions.

### **ALL GUESTS ENTERING THE FUNHOUSE MUST BE LISTED BELOW**

Adult Name:

Adult Name:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

\*In acting as legal guardian, even temporarily, I accept all conditions above for the minor(s) listed, in my custody and/or control and I have the permission from the minor's family and/or other responsible party to cover them under this agreement.