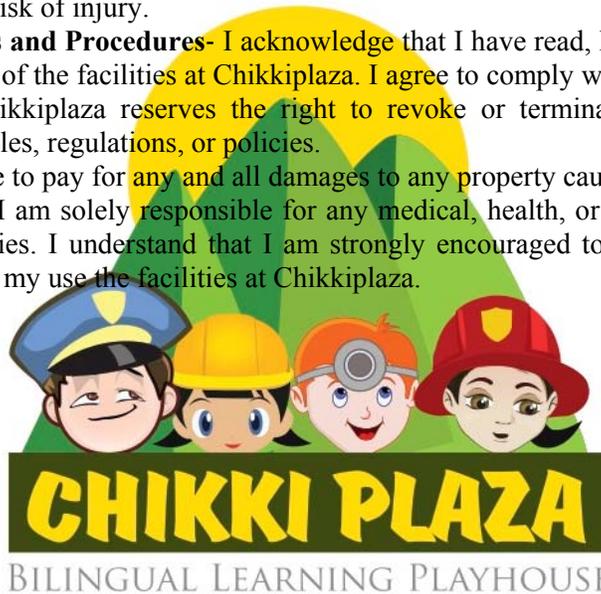


ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

In exchange for using the facilities of Chikkiplaza, I agree for myself and (if applicable) for the members of my family, to the following conditions:

1. **Risk Factors-** I understand and acknowledge that the use of the facilities at Chikkiplaza involves risks including, but not limited to, bodily injury, permanent disability, paralysis, and death. These risks may result from a variety of circumstances including the misuse of equipment or facilities.
2. **Assumption of Risk-** I am choosing to use the facilities at Chikkiplaza at my own risk. I understand that my decision to participate in activities at Chikkiplaza is voluntary. I assume full responsibility for all risks that may arise from using the facilities at Chikkiplaza or from participating in activities at Chikkiplaza. I further recognize that there are certain inherent risks associated with use of the play area, parties, and programs and I assume full responsibility for personal injury to myself and (if applicable) my family members.
3. **Waiver-** I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, waive, release and discharge Chikkiplaza, its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies for injury, loss or damage arising out of or related to our participation in any and all of Chikkiplaza programs, activities, parties, and/or the use of the facilities of Chikkiplaza. This waiver and release shall apply to all risks, known and unknown, and any and all medical conditions, known or unknown, which could lead to an increased risk of injury.
4. **Acknowledgement of Policies and Procedures-** I acknowledge that I have read, know, and agree to all of the policies and procedures relating to the use of the facilities at Chikkiplaza. I agree to comply with all rules, regulations, and policies at Chikkiplaza. I understand Chikkiplaza reserves the right to revoke or terminate my use of the facilities at The Playground for any violation of rules, regulations, or policies.
5. **Payment for damages-** I agree to pay for any and all damages to any property caused by me willfully or otherwise.
6. **Insurance-** I understand that I am solely responsible for any medical, health, or personal injury costs relating to my use of Chikkiplaza and its facilities. I understand that I am strongly encouraged to have a medical physical exam and purchase health insurance prior to my use of the facilities at Chikkiplaza.



I am the parent or legal guardian of the below-named minor(s). I have read and understand this Assumption of Risk, Waiver and Release form Liability and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I give my consent for participation at Chikkiplaza for myself and all those named below.

Signature of Parent/Legal Guardian

Date

Parent's Name: _____ Address: _____

Emergency Phone: _____ E-Mail (optional): _____

Child's Name: _____ Birthday: _____

Child's Name: _____ Birthday: _____

Child's Name: _____ Birthday: _____