

Waiver of Liability for Kids Oasis, Inc.

In consideration of being allowed to enter and/or participate in any play activities, party or program at the play space, Kids Oasis, the undersigned, on his/her behalf, and on the behalf of the participant(s) identified below, acknowledges and agrees to the following conditions in this assumption of risk, waiver and release of following liability agreement (the "Agreement herein"):

- I truthfully state that I am age 18 years or older and 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 sign this agreement on such parent/legal guardian's behalf.
- I (as the parent, legal guardian or responsible adult for the participant(s) entering the Play Space with me) am responsible for monitoring the participant's(' behavior, actions and whereabouts, and for providing overall necessary and standard care for the participant(s) at all times within the facility.
- I agree to review and inspect any equipment prior to using it and if anything is believed to be unsafe or hazardous, I agree to immediately report it to the nearest staff member.
- I agree that using the space and participating in the play activities is associated with certain inherent risks. on behalf of myself, and (as the parent, legal guardian or responsible adult for the participant(s) entering the space with me), 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.
- **I agree 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 Kids Oasis, Inc. and its officers, members, agents, employees, and sponsoring agencies from and against any and all claims, accidents, injuries, liabilities or damages arising out of or related to our participation in any and all of the Kids Oasis, Inc. party, program or activities therein.**
- **I have had the opportunity to read this entire Agreement and agree to be fully bound by its terms. This Agreement shall be governed by the State of Minnesota.**

_____ Check Box if you would like Kids Oasis, Inc. to keep this waiver on file for future visits.

_____ I would like to opt out of future promotions, newsletters and emails from Kids Oasis, Inc.

Parent/Guardian Name:(please print) _____

Parent/Guardian Signature _____ Date: _____

Child/Participants Name/ D.O.B.

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

Parent/ Guardian's Address:

_____ City: _____ St. _____ ZIP _____

Email Address: _____ PH: _____

EMERGENCY CONTACT: _____ PHONE: _____