

Waiver of Liability, Assumption of Risk and Indemnity Agreement

I, \_\_\_\_\_ understand and agree that although Inside Out of New Richmond, LLC has taken precautions to minimize risk and provide a safe playground, there are always unpredictable risks associated with any physical activity. I collectively acknowledge for myself, my child or children, and my guests (collectively "Guests") that we enter this facility voluntarily to participate or partake of services and that I assume responsibility for any injury or serious bodily harm, including permanent disability, death, or serious loss that may arise that Guests may sustain while on the premises. These may occur through my actions or inactions or those of a third party, including my own guests. I voluntarily accept any and all risks associated with entering this facility and using its equipment and services which may include without limitation falling, being hit by objects, being kicked by other guests, and being stepped on. I further acknowledge Guests are healthy and physically able to participate in any and all undertaken activities. I, for all Guests, agree to follow all rules and instructions of the employees of Inside Out and understand that failure to follow such rules or instructions may result in serious injury or death.

I, for Guests, now and for any future visits waive any liability to Inside Out of New Richmond, LLC its officers, director, employees, shareholders, owners, partners, and agents of any liability related to the use of this facility by Guests. This waiver shall cover any and all liability for any injury or death resulting from whatever cause occurring on and in the property of Inside Out of New Richmond, LLC and its successors and assigns. This waiver shall apply to all risk, known and unknown, even if resulting from negligent actions of other guests or employees of the company.

I accept and agree to indemnify and hold harmless Inside Out of New Richmond, LLC, its officers, directors, employees, shareholders, owners, partners, and agents from any and all expense, cost, loss, or liability (including medical costs and attorney fees and costs) related to the Guests use of the premises and any equipment located therein. I acknowledge that if I violate the rules, or fail to follow instructions of any employee, I may be asked to leave immediately without refund of any admission price or fee paid.

I understand that this is a contract. I am above the age of eighteen. I acknowledge that if I do not agree with any of the foregoing, I may elect to not sign this agreement and leave the premises immediately.

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-Mail Address: (please print clearly) \_\_\_\_\_

What town/city are you from: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Child(ren) Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_