

RELEASE OF LIABILITY
READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

CHILDS Name:	Birth Date:
CHILDS Name:	Birth Date:
CHILDS Name:	Birth Date:
CHILDS Name:	Birth Date:
PARENTS Name:	
Address:	
City:	State: Zip:
Phone: ()	
E-Mail:	

In exchange for participation in the activity of indoor playground & party center organized by SUPER PLAY INC. ("Super Play Inc."), of 1111 E Washington Ave Suite B, Escondido, California, 92025 and/or use of the property, facilities and services of Super Play Inc., I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Super Play Inc., or the employees, representatives or agents of Super Play Inc..
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Super Play Inc. for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Super Play Inc., whether caused by the fault of myself, my family, Super Play Inc. or other third parties.
3. I agree to indemnify and defend Super Play Inc. against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Super Play Inc..
4. I agree to pay for all damages to the facilities of Super Play Inc. caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my son/daughter, who's name is above, in indoor playground & party center activities, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the minor named above.
6. In the event of an injury to the above minor during the above described activities, I give my permission to Super Play Inc. or to the employees, representatives or agents of Super Play Inc. to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on today's date and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Super Play Inc. shall have the following powers:
 - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
 - b. The power to authorize medical treatment or medical procedures in an emergency situation; and
 - c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
7. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Signature of Parent/Legal Guardian	Date
FOR INTERNAL USE ONLY	
Today's Date: _____ Exp. Date: _____ Staff Initial: _____	