PLAYN WISCONSIN, LLC
Waiver, Release, Hold Harmless, and Medical Authorization Agreement

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at PlayN Wisconsin, LLC the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below. My child has no physical conditions or pre-existing conditions that would limit his/her participation in PlayN Wisconsin, LLC activities.

_____/____/____ Participant Name Date of Birth

_____/____/____ Participant Name Date of Birth

_____/____/____ Participant Name Date of Birth

_____/____/____ Participant Name Date of Birth

2. I acknowledge and understand that there are risks associated with participation in PlayN Wisconsin, LLC activities and the use of the play area and play equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at PlayN Wisconsin, LLC.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this PlayN Wisconsin, LLC facility, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I have read, understand, and complete this agreement releasing all MEDICAL AUTHORIZATIONS. I also understand that PlayN Wisconsin, LLC is not responsible for lost or stolen items. All personal items of value should not be left unattended. I hereby consent to my child(s) participation in PlayN Wisconsin, LLC and adherence to all PlayN Wisconsin, LLC's policies and rules.

_____/____/_____
Participant Parent/Guardian: Print Name Date

_____/____/_____
Participant Parent/Guardian: Signature Date

_____ Address (Street, City, State & Zip Code)

_____ Email Address

_____ Emergency Contact Name

_____ Emergency Contact Number

_____ Primary Physician/Primary Clinic

_____ Primary Dentist/Primary Clinic