

**PLEASE REMEMBER YOUR SOCKS**

**Just 4 Fun Playland and Party Place, LLC**

In consideration for being allowed to enter into the play area and/or program at Just 4 Fun Playland and Party Place LLC of Grafton, WI the undersigned, on his or her own behalf, and/or on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the Participant(s) named below, or that I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety sign, rules and verbal instructions as conditions for participation in any party and/or program at Just 4 Fun Playland and Party Place, LLC. In addition, if I observe a hazard during our participation, I will bring it to their attention of the nearest Just 4 Fun Playland and Party Place employee or official immediately.

I am aware that there are inherent risks associated with participation in Just 4 Fun Playland and Party Place, LLC programs, parties, and/or use of the play area and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of the other participants.

I, for myself and the participant(s) named below and our respective heirs, assigns, administrators, personal representative and the next of kin, hereby release and hold harmless Just 4 Fun Playland and Party Place, LLC and all of its entities located in Grafton, WI their affiliates, officers, members, agents, employees, other participants and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising from related to or participation in any and all Just 4 Fun Playland and Party Place, LLC programs, activities, parties, and use of the play areas.

Participant Name: \_\_\_\_\_ Participant Date of Birth \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Date of Birth \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

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