***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch

Assumption of Risk and Complete Release and Waiver of Liability

**Name** \*

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First Name Last Name

**Contact Information**\*

**Phone Number**\* **Email Address\***

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Address\*

Street Address (no post office box)

Street Address Line 2

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City State/Province

In consideration of permission to use today and on all future dates, the property,

facilities and services of ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc.

I, the undersigned (parent(s) or guardian), hereby expressly agree:

**PARTICIATION.** I understand that ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. is making its facility available for my child and guest to participate in the birthday party hosted here during the specified time. When I am present, it is my primary responsibility to accompany my child and make sure he or she is safe and is acting in a way to keep other children, parents, and guardians safe. My child is in good health and able to participate safely. I understand that there is a bouncy house and an 18 feet waterslide. I further understand that both are recommended for children 6 years and older unless accompanied by a parent or a guardian recommended by me to supervise my child. I also understand that all activities are outside.

**WAIVER AND RELEASE**. I hereby voluntarily, fully and forever waive, release and discharge ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc., its owners, officers, directors, agents, employees, volunteers, and all other persons or

entities acting in any capacity on its behalf from any and all losses, liabilities,

claims, expenses, demands, actions, damages, injuries, causes of action, and rights of action which are related to, arise out of, or are in any way connected with my child’s participation in activities at, with, or sponsored or administered by

***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. The foregoing waiver or liability does not include damages or injury resulting from the negligence of ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc.

**ASSUMPTION OF RISK**. I understand that my child may suffer physical harm as a result of the acts or omissions of me, ***F***un***A***dventure***L***and @ Hidden Acres Farm & Ranch, Inc., or other participants due to his or her participation in activities at, with, or sponsored or administered by ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc.

**COVENANT NOT TO SUE.** I agree not to institute any suit or action at law or otherwise against ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc., its owners, officers, directors, agents, employees, volunteers, and all other persons or entities acting in any capacity on its behalf or to initiate or assist in the prosecution of any claim for damages or cause of action which my child or I may have reason of injury to my child, myself, or property related to, arising out of, or in any way connected with child’s participation in activities at, with, or sponsored or administered by ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc.

**INDEMNITY**. I agree to indemnify, defend, and hold harmless ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. and its owner or heirs from any and all losses, liabilities, claims, expenses, actions or proceedings of any kind which may be initiated by myself, including on behalf of my child, or any other persons or entity related to, arising out of, or in any way connected with my childs’s participation in activities at, with, or sponsored or administered by ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. This includes reimbursement for all legal costs and attorneys’ fees incurred by ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, inc., myself, and other indemnified parties, or any of them, for the defense of any such actions.

**MEDICAL EXPENSES.** I will pay for my child’s and my own emergency medical expenses and all subsequent medical expenses in the event of any incident, accident, illness or incapacity, regardless of whether I have otherwise authorized such expenses.

**ATLANTOAXIAL INSTABILITY.** If my child has Down Syndrome, he or she has had a neck x-ray and other medically recommended tests to screen for Atlantoaxial instability, and has been cleared to participate in all activities at, with, or sponsored or administered by ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc., and I have delivered to ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. a note from my child’s physician confirming the same.

**DISABILITIES.** If my child has a physical, mental, or emotional disability, I will inform ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, I have notified ***F***un***A***dventure***L***and @ Hidden Acres Farm and Ranch, Inc. I or a guardian will remain on the premises to accompany my child and make sure he or she is safe and is acting in a way to keep other children, parents, and guardians safe.

By signing this Waiver, I make all of the preceding statements for and on behalf of myself, my spouse, my child(ren), my parents, and any of our or their heirs, assigns, personal representatives, and estates.

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Print Child’s Name Date of Birth

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Print Parent or Guardian’s Name Parent or Guardian’s Signature

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Print Parent or Guardian’s Name Parent or Guardian’s Signature

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_