



Birthday 360 @ Riverbend
4214 N. Capital of Texas Hwy, Austin, 78746
Birthday Party Coordinator: (512) 215-3031
birthday360@gmail.com <http://riverbend.com/birthday360>

Waiver of Liability and Hold Harmless Agreement

In consideration of being allowed to enter into the play-scape and/or participate in any part and/or event at Birthday 360 @ Riverbend, the undersigned, on his or her own behalf and on behalf of the participants identified below, acknowledges, appreciates and agrees to the following conditions:

I certify that I am the parent or 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 signs, rules, and verbal instructions as conditions for participation in any part and/or event at Birthday 360 @ Riverbend.

The play-scape area can be hazardous and dangerous. I acknowledge that participation in activities at Birthday 360 @ Riverbend is strictly voluntary. I am aware of the risk, hazards and danger of personal injury, accidents, illnesses, disability, death, and/or property loss caused in any manner, including theft, and fire as a result of participation at Birthday 360 @ Riverbend.

I, for myself and participant(s) named below, hereby **WAIVE, RELEASE, AND HOLD HARMLESS** Birthday 360 @ Riverbend, their owners, affiliates, directors, shareholders, officers, members, agents, employees, landlords, other participants, sponsoring agents and all other persons or entities acting on their behalf, from and against any and all claims, liability, damages, cost or expenses (including attorney's fees) arising out of or related to our participation or use of the facility.

I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess.

PLEASE PRINT

PARTICIPANT'S NAME: _____

Date of Birth: _____ Age: _____ Gender: _____

PARTICIPANT'S NAME: _____

Date of Birth: _____ Age: _____ Gender: _____

PARTICIPANT'S NAME: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/ Guardian Name: (PRINT) _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____