

Assumption of Risk Waiver for Lost Worlds Adventures

In consideration of my being allowed in any parties, programs, or events at Lost Worlds Myth & Magic, I the undersigned hereby agree to acknowledge the following

1. I will comply with all Lost Worlds Adventures LLC, dba: Lost Worlds Myth & Magic rules, regulations and conditions required for participation. If I have any questions or observed any hazard during participation, I will immediately bring it to the attention of the nearest Lost Worlds employee or official.
2. There is a risk of injury from the use of this equipment. Although rules and regulations and personal discipline reduce the risk, the risk of injury still exists.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, including those arising from the negligence of the persons released from liability below and I assume full responsibility for me and my family's participation in all activities at Lost Worlds Myth & Magic which include: Laser Tag, Ninja Course, Tube Slide, Play Structure, Toddler play area, Bowling, and all Climbing Structures.
4. I for myself and my family's heirs, assigns, personal representatives, and next of kin, HERBY RELEASE, INDEMNIFY AND HOLD HARMLESS LOST WORLDS ADVENTURES LLC, its office, directors, shareholders, affiliates, agents employees, their successors and assigns, other participants and sponsoring agencies with respect to any and all injury, disability, or loss of damage to person or property to the fullest extent of the law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it voluntarily.

Participant #1/ Printed Name

Participant #2/Printed Name

Participant #3/Printed Name

Participant #4/Printed Name

Participant #5/Printed Name

Participant #6/Printed Name

Participant #7/Printed Name

Participant #8/Printed Name

Participant #9/Printed Name

Participant #10/Printed Name

Participant #11/Printed Name

Participant #12/Printed Name

Adult/Guardian/Chaperone (Signature)

Adult/Guardian/Chaperone (Printed Name)

E-mail address

Date of Participation

Emergency Telephone Number

Please bring this waiver signed ONLY by the parent, legal guardian, or Chaperone for the child to participate in activities.