

YOU'RE INVITED TO MY PARTY!



To: _____

From: _____



Party Guest Registration and Waiver Form

This form MUST be filled out or your child(ren) will not be allowed to participate

Party Name _____ Party Date _____ Party Time _____

Parents dropping off their child(ren) MUST return 15 minutes before the end of the party to pick them up.

Guest's Name _____ Phone Number _____ DOB _____

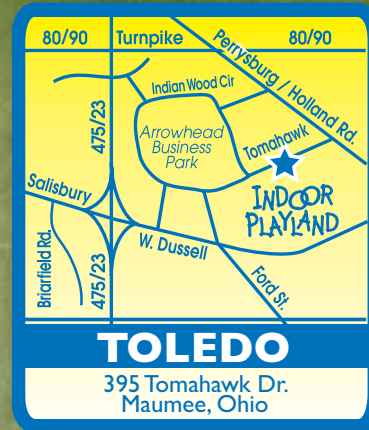
Address _____ Email _____

Emergency Contact _____ Emergency Number _____

- I realize that I am responsible for all medical expenses for my child(ren) that may be needed due to their participation at your facility.
- I understand that participation involves motion, rotation, and heights in a unique environment and as such carries with it the risk of injury I am voluntarily allowing my child to participate in this activity with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Playground World of NW Ohio.
- I hereby state that my child has no mental or physical conditions that prohibit full participation.
- All safety rules must be observed. No Jewelry is to be worn and no food, drinks, or gum/candy will be consumed in the showroom area. Playground World of NW Ohio. is not responsible for any personal items that are lost or stolen.

Print Parent/Guardian's Name _____

Signature _____ Date _____



**THIS WAY TO
THE FUN!**
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