



3600 N Duke Street
Durham, NC 27704

(919) 620-6840

Waiver, Release, Hold Harmless, and Indemnification Agreement

As Consideration for being allowed to enter the play area and/or Participate in the event and/or program for _____ (event child's name) on ____/____/____ (event date) at The Party Store the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

- 1. I represent that I am the parent or legal guardian of the Participant(s) named below, authorizing participants.

Participant Name _____ / ____ / ____ Date of Birth
Participant Name _____ / ____ / ____ Date of Birth
Participant Name _____ / ____ / ____ Date of Birth

- 2. I acknowledge and understand that there are risks associated with participation in The Party Store activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
- 3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
- 4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any event and/or program at The Party Store.
- 5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner(s) of The Party Store facility, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
- 6. I additionally agree to indemnify the independent owner(s) of The Party Store facility, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
- 7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Don't forget socks. Socks MUST be worn by participants at all times in units.

Parent / Guardian Name (please print): _____
Parent / Guardian Signature: _____ Date: _____
Address: _____
City: _____ ST: _____ Zip: _____
Emergency Contact number: () _____ or () _____
E-mail address: _____