



**Waiver of Liability (Valid through October 31, 2017)**

I, am the parent/legal guardian of the Child/Children named below or I have obtained permission from the parent/legal guardian of the Child/Children named below to sign this agreement on their behalf. I give permission and accept full responsibility for the Child/Children to participate in the activities at Virtual Sports Zone. As a Condition to the Child's/Children's participation in the activities and by signing this form, I acknowledge and agree that: The operator(s) have advised me of the proper use and possible hazards of the activities; the Child/Children and I are solely responsible for deciding whether or not to participate or to rely upon any instructions, advice, or information regarding the activities;. it is not Virtual Sports Zone's purpose to teach safety before, during or after participation and use of the inflatable structures; I am solely responsible for the decision to allow the Child/Children to participate and use the inflatable structures; I am of legal age and mental competence to knowingly give this acknowledgement and release which shall legally bind me and the Child/Children and our personal representatives, executors, heirs, and assigns.

I HERBEY RELEASE AND WAIVE, ANY AND ALL CLAIMS , KNOWN AND UNKNOWN, THAT THE CHILD/CHILDREN OR I MAY NOW OR LATER HAVE AGAINST VIRTUAL SPORTS ZONE, ITS MEMBER(S), OFFICER(S), INSTRUCTOR(S), OPERATOR(S) AGENTS, OR REPRESENTATIVES RELATED TO ANY ACT, OMISSION, STATEMENT, OR OCCURRENCE DURING OR RELATED TO THE USE OF THE INFLATABLE STRUCTURES OR THE FACILITY, FOR , LIABILITY FOR DIRECT, INDIRECT, VICARIOUS, PUNITIVE AND ANY OTHER DAMAGE WHETHER SUCH PARTY WAS INFORMED OR WAS AWARE OF THE POSSIBILITY OF SUCH LOSS OR DAMAGE.

**\*It is the responsibility of the parent/guardian to watch their children at all times.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_