



LIABILITY WAIVER AND RELEASE FORM (MINOR CHILD)
THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND
BEFORE SIGNING

I hereby certify that I am the adult parent or guardian of

_____,
a minor child under the age of eighteen years and I consent to her/his participation in recreational activities on the KIDZ HAPPY PLACE activity bus, owned and operated by CEO Randallyn Dailey.

I understand and acknowledge that I am fully aware of and assume the risk (including but not limited to the risk of bodily injury, property loss or damage) of said minor child's participation in recreational activities while on the KIDZ HAPPY PLACE activity bus. I recognize my responsibility to ensure that said minor participates only in those activities for which she/he has the required skills, qualifications, abilities, training and physical conditioning. I understand that KIDZ HAPPY PLACE shall have no responsibility to pay for medical treatment and or related cost if said minor child is injured.

I further understand and agree that KIDZ HAPPY PLACE disclaims all warranties, express or implied, including warranties of merchantability, equipment, and fitness for a particular purpose. I agree, personally and on behalf of the minor child named above, to assume all of the risks and responsibilities surrounding my minor child's use and participation on KIDZ HAPPY PLACE activity bus.

To the fullest extent allowed law, I hold harmless and agree to indemnify KIDZ HAPPY PLACE, its officers, directors, faculty, staff, volunteers, employees, and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor may suffer or for which said minor child may be liable to any other person, related to said minor's participation in recreational activities on KIDZ HAPPY PLACE activity bus, resulting from any cause whatsoever, and regardless of fault.

I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the state of Georgia (excluding its conflict of laws principles).

Name _____
Signature _____

Date _____

Licensed and Insured