



Please complete the following Waiver and bring it with you to your first Activity. No child will be allowed to participate without a signed waiver. If you have any questions please feel free to contact us at 908-782-1300.

### RELEASE AND WAIVER

In consideration of participating in various activities at Kidz Fun Zone AKA (KFZ) located at 843 Route 12 West, Frenchtown NJ 08825. The undersigned on his/her behalf and on behalf of executors, heirs, successors and assigns hereby acknowledges and agrees as follows:

1. The undersigned knowingly and fully assumes all risks, known and unknown associated with participating in activities at KFZ and waives all claims for damage to person(s) or property arising from participation in activities. This release and waiver covers risks of death, serious injury and property loss whether arising from (i) negligence or carelessness on the part of the persons or entities being released and other participants, or (ii) dangerous or defective equipment.
2. The undersigned certifies that he or she is physically fit and may participate in the activities available at KFZ and has not been advised otherwise by a medical person.
3. The undersigned, on his or her behalf and on the behalf of any executors, heirs, successors and assigns hereby release, discharge and hold harmless KFZ, staff, owners and officers.
4. The undersigned agrees to comply with rules and conditions of participation expressed or posted at KFZ. If the undersigned observes any significant hazard during such participation the undersigned will promptly inform an employee of KFZ.
5. The undersigned acknowledges that this release and waiver of liability form will be used and relied upon by the Released Parties, and that it will govern the undersigned actions and rights for this and any future activities/classes.

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

#### Parent/Guardian Acknowledgement

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such a capacity and agrees to save and hold harmless and indemnify each and all of the released parties referred to above of all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of defect in or lack of capacity to so act, and releases said parties on behalf of the minor and the parents or legal guardian.

Parent/Adult/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

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

**Kidz Fun Zone**  
843 Route 12 West Suite 3  
Frenchtown, NJ 08825  
908-782-1300 908-782-7400 FAX  
www.kidzfunzone.NET