



I _____ Give permission for my
Child _____, age _____ to attend the All Night Skate for ages 7
to 11.

By signing this agreement I Hereby give permission for my child(ren) to roller skate at
Adventure World Skate & Fun Center. I also expressly agree:

1. To assume all risk and responsibilities for any injuries my child(ren) may sustain, and any damages my child(ren) may cause to Adventure World Skate & fun Center, its employees, or any other persons in conjunction with activities on the premises including anything in connection with equipment rented fro Adventure world skate & Fun Center;
2. To release Adventure World skate & Fun Center from all claims of liability for any injuries my child(ren) may sustain or damages that may be cause by my child(ren) or their property in connection with their activities at Adventure World Skate & Fun Center;
3. I will not sue or bring legal action against Adventure world Skate & Fun Center, its affiliates or their Respective administrators, employees, instructors, and the owners;
4. That the undersigned participants is in adequate physical condition to participate in the events at Adventure World Skate & Fun Center;
5. I authorize Adventure Skate & Fun Center to use photographs, videotape, or any other record of the events which may depict my child(ren), at their discretion, without compensation paid to me or my child(ren);
6. I have read the rules and regulations of Adventure World Skate & Fun Center, and have read them to my child(ren). We agree to obey the rules and regulations. I fully understand that roller skating is a dangerous sport, and recreational activity. I acknowledge, and fully understand that each skater, and participant will be engaging in activities that involve the risk of serious injuries, including permanent disability, and death or severe social and economic losses which might not only result from their action, inaction or negligence but the action, inaction, or negligence or other, the conditions of the premises or any equipment use and/or rental. Further, there may be other risks not know to use or not foreseeable at this time;
7. I am at least eighteen (18) years of age and have the legal capacity to enter into this waiver, and release, and also the legal parent/guardian of the child attending.

Parent Contact Information:

- Phone: _____
- Address: _____

Medical Information:

Signature _____ Date _____