



Participation Waiver, Agreement & Release of Liability Form

Parent/Guardian/Caregiver' Name: _____ Visit Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Participants:

First and Last Name: _____

First and Last Name: _____

First and Last Name: _____

As a condition to participating in the Party Animal Birthday Experience, the signatory below executes and delivers this release and waiver. I fully understand that by signing this agreement, I waive, release, and relinquish, any and all right to seek the recovery of damages for any personal injury, property damage, other cause of action, known or unknown, which may arise from this party and the activities associated therewith.

I acknowledge that interactions with animals, including pony rides involve inherent risks that may cause serious injury, illness, and possibly death to participants.

I hereby waive, release, relinquish any and all claims, which I may have against Party Animals, and/or its business owner and staff and release Party Animals business owner from all liability for injury, death, property damage, or any other loss sustained by me or my child (or any child accompanying me while at the party) as a result of my/their participation in the Event, due to any cause whatsoever including, without limitation, negligence on the part of Party Animals or its staff members. I further release Party Animals from any and all claims seeking to recover legal fees and/or costs of any type or nature.

I understand, acknowledge and agree this release applies whether Party Animals is at fault or not and it releases not only the property owners but staff of Party Animals. I understand and acknowledge that Party Animals, in securing execution of this release and waiver, is relying upon my actions herewith as free and voluntary actions and my signature is not subject to any promise or inducement made to me by anyone.

I have read and understand this Agreement, I understand this document contains a promise not to sue Party Animals or its Staff Members and release and indemnify same for all claims.

Parent/Guardian/Caregiver Signature

Date

I consent to and authorize the use and reproduction by Party Animals of any and all photographs and any other audio/visual materials taken of those individuals listed on this agreement for marketing, exhibitions, or other use. **Yes:** _____ or **No:** _____