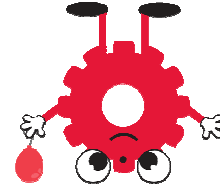


_____ RSVP:

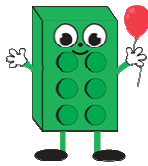
_____ Time:

_____ Date:

At The Playroom
1M Newport Drive
Forest Hill, MD 21050



You're Invited
To



PLEASE COMPLETE WAIVER PRIOR TO ENTERING THE PLAYROOM

Please note this must be signed by the parent and can be printed and brought in by your caregiver.

In consideration for participation in activities at The Playroom, I hereby agree on my behalf and on behalf of the minor(s) listed below to the following:

I understand that participation in activities at The Playroom can be risky and that risks of injury include without limitation, scrapes, bruises, cuts, and even more serious injuries, such as broken bones or paralysis, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and all children listed below. I understand that it is my responsibility to supervise the children listed below when they are participating in activities at The Playroom, not the responsibility of The Playroom staff. I will obey and will make sure that all children listed below obey the rules posted at The Playroom.

With the full understanding of the risks stated above, I, for myself and all the children listed below, hereby release, hold harmless and forever discharge and covenant not to sue The Playroom LLC, its owners, employees, and all other persons acting on its behalf, for any injury at or related to The Playroom, and agree to reimburse any reasonable attorney's fees and costs that may be incurred by The Playroom. I agree and understand that this agreement is binding for myself and all children listed below and the heirs, successors and assigns of myself and all children listed below.

By signing below, I certify that I am the parent or legal guardian, supervisor, or responsible person for the following child(ren) for whom I am signing, or that I have the express permission of the parent or legal guardian. I understand that this is a waiver to be kept on file by The Playroom LLC, for today's visit only. A new waiver shall be completed for all subsequent visits

Today's Date: ____ / ____ / ____

Parent Name: _____

Signature: _____

Phone: _____

Child(ren)'s Name (s)

Birth Date

