

Southeast Indoor Park WAIVER OF CLAIMS

As a member of Southeast Indoor Park, I understand that I must supervise my child(ren) at all times in the Indoor Park. I understand that it is my responsibility that he or she obey park rules and use equipment correctly and safely. If I see an unsafe toy of condition, I agree that I will remove the toy or condition and notify a Board member immediately.

In consideration of the efforts of the Southeast Indoor Park and its Board in maintaining the Indoor Park and its equipment, and in further consideration of my membership permitting me and my child(ren) to use the Southeast indoor Park, I hereby waive all claims for damage or loss to my person or property, or the person or property of my child(ren), which may be caused by any act or failure to act of Southeast Indoor Park, its officers, directors, or employees. I assume any risk associated with my child(ren)'s use of Southeast Indoor Park's space and equipment, and on behalf of my child(ren) acknowledge my responsibility to safeguard them from any unsafe conditions and waive any claim they may have as a result of such conditions.

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS RELEASE TO EXEMPT AND RELIEVE SOUTHEAST INDOOR PARK AND ITS DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

I am a legal guardian of any child(ren) that I may bring to Southeast Indoor Park. I have read and understand fully the terms and conditions of this waiver agreement.

CAUTION: READ BEFORE SIGNING!

Parent's/Guardian's Signature

Date

REGISTRATION FORM – Please Print

Fall/Spring
 Fall Session Only
 Spring Session Only

Parents Name (First and Last)			
Address			
City	State	Zip Code	Home Phone
E-mail address (it is especially cost effective for SEIP to communicate with its members through e-mail. Your address will not be given or sold to any other organization)			Secondary Phone Number (please specify cell, pager, spouse's work, etc.)
Child's Name		Date of Birth	
Child's Name		Date of Birth	
Childcare Provider's Name (if applicable)			Phone number
Where did you hear about us?			

