

Agreement to Participate in Birthday Parties at Silverlake "The Family Place"

DISCLOSURE OF RISK: In consideration for participation in activities at Silverlake "The Family Place" ("Silverlake"), I hereby agree as follows: I understand that participation in swimming, gymnastics, running, jumping, tumbling and trampoline activities is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, muscle strain, broken bones and even more serious injuries, such as paralysis, drowning or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child or ward.

WAIVER OF LIABILITY: With the full understanding of the risks stated above I, for myself and my child or ward, hereby release, hold harmless Silverlake, Kenton Lands, LLC, and the owners, officers, directors and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at Silverlake. I agree to reimburse any such liability claim, demand, action or cause of action. In the event that I file a cause of action against Silverlake or Kenton Lands, LLC, I agree to do solely in the state of Kentucky, and further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

MEDICAL RISK INFORMATION: I certify that 1. my child or ward possess a sufficient degree of physical fitness to safely participate in Silverlake activities, 2. I understand that my child or ward is to discontinue any activity at any time he or she feels undue discomfort or stress, and 3. I will indicate below any health-related conditions that might affect my child's or ward's ability to participate in Silverlake activities and I will verbally inform management immediately of them.

Circle: Diabetes Heart Problems Seizures Food Allergies Drug Allergies Asthma Physical Restrictions Other: _____

MEDICAL AUTHORIZATION: In the event of an accident or emergency, I would like the below mentioned child to be taken to a hospital for medical treatment and I hold Silverlake and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or ward, as a result of any injury sustained while at Silverlake.

I, for myself and my child or ward, agree to follow the safety rules of Silverlake, and agree that the failure of myself, my child or my ward to do so may result in expulsion Silverlake. Further, I agree to report any unsafe practices, conditions, or equipment to the management. I approve the use of any photographs taken by Silverlake photographers in which the undersigned is part of to be used on the Silverlake web site or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian. **I HAVE CAREFULLY READ THIS AGREEMENT TO PARTICIPATE AND FULLY UNDERSTAND ITS CONTENTS.**

Adult Name (Please Print)

Phone Number and E-mail Address

Adult Signature

Date

CHILDREN: Names(s) NOTE: All Children MUST be listed to enter Silverlake.

1. CHILD _____ Age _____ 2. CHILD _____ Age _____

3. CHILD _____ Age _____ 4. CHILD _____ Age _____

PARENTS: A completed waiver must be signed prior to start of Party. Additional **DIRECTIONS** and **INFORMATION** can be downloaded from our web site.

BRING INVITATION WITH YOU TO PARTY! (859) 426-7777 • www.silverlakefamily.com.