LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE

PARENTS/GUARDIANS: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR CHILD'S AND YOUR LEGAL RIGHTS AND WILL ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

I acknowledge that the Ninja Warrior Obstacle Course is an extreme test of my physical and mental limits that carries with it inherent risks of physical injury. Inherent risks are risks that cannot be eliminated completely regardless of the care and precautions taken by the operator.
I hereby represent and warrant that I am the parent/legal guardian of
I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my child's physical condition or any limitations associated with his/her participation in the Activity.
RELEASED PARTIES MEANS EACH OF THE FOLLOWING: HKP ENTERPRISES, LLC dba Epic 6 Laser Tag & Sports Arena, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, INSURERS, EQUIPMENT SUPPLIERS, AND VOLUNTEERS, AND REPRESENTATIVES OF ANY OF THE FOREGOING.
I UNDERSTAND AND AGREE THAT MY CHILD IS PARTICIPATING IN THE ACTIVITIES AT HIS/HER OWN RISK. ON MY BEHALF AND ON BEHALF OF MY CHILD, I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF HIS/HER PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.
IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE ACTIVITY, I HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTION, OR DEMANDS RELATING TO OR ARISING OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.
IN ADDITION, ON MY BEHALF AND ON BEHALF OF MY CHILD, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.
ON MY BEHALF AND ON BEHALF OF MY CHILD, I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.
By signing below, I acknowledge that I have carefully read and understand the information stated above.
In the event of an emergency, I hereby give consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
Emergency Contact Information:
Name of Contact
Telephone Number
Participant's Name Age
Parent or Guardian's Printed Name

Parent's or Guardian's Signature _______Date _____