Maize Quest Fun Barn

PARTICIPATION WAIVER

In consideration of being allowed to enter the play area and/or participate in any party and/or program at Maize Quest Fun Barn, Maple Lawn Entertainment Inc., (MLE) located at 2885 New Park Rd, New Park, PA 17352, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal Guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) and I shall comply with all stated and customary terms, posted safety signs, rules and verbal instructions as conditions for participation in any party and/or program at MLE. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest MLE employee or official immediately.

I/We understand, accept and are aware that there are inherent risks associated with participation in MLE programs, parties, and/or use of the play area and inflatable equipment, and on behalf of the participant(s) knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of other participants, and,

I/We for myself and the participant(s) and our respective heirs, assigns, administrators, personal representatives and next of kin, herby release and hold harmless, Maple Lawn Entertainment, Inc. and Maple Lawn Farms, Inc, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all actions, causes of action, suits, bills, claims, injuries, liabilities or damages or demand of any nature whatsoever that I/We may now have, ever had or hereafter may have, for upon, or by any reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of the date of these presents in any way, arising out of related to our participation in any and all MLE programs, activities, parties, the use of the play area, play structure and/or inflatable equipment.

As parent or guardian, I am signing this document on behalf of a minor child (or children) and agree to be specifically bound to all terms and conditions of this Agreement. In the occurrence that medical attention is needed for myself or any of the below listed participants, I willingly give my permission for assistance for the MLE staff, to administer any first aid treatment, and if necessary the notification of trained emergency medical personnel.

I acknowledge and agree that failure to complete the Participation Waiver / Parental Authorization for Treatment of a Minor Child will cause my minor child or children to be forbidden from engaging in any and all MLE programs, activities, parties, the use of the play area and/or inflatable equipment. I /We hereby separately agree to indemnify and Save and Hold Harmless the Release's from any loss, liability, damages or cost that they may incur, arising out of or related to such assistance. I /We understand that MLE does not carry or maintain health, medical or disability insurance coverage for any participants(s).

I/We expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. I /We agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of the Release which shall continue to be enforceable.

PARENTAL AUTHORIZATON FOR TREATMENT OF A MINOR CHILD

I, am the Guardian of the below referred Participant. I hereby authorize MLE, to make any provision for medical care for the child, including first aid treatment or service rendered in connection with the Participant's use of and participation in any and all MLE programs, activities, parties, the use of the play area and/or inflatable equipment.

_____ _____
Participants name date of birth Participants name date of birth

_____ _____
Participants name date of birth Participants name date of birth

_____
Parent/Guardian Signature (must be 18 yrs. of age or over) Date

Parent/Guardian Print Name:_____

Address:_____

City, State, Zip_____

Contact Phone_____ E-Mail: (optional) _____

EMERGENCY