

Great Northern Mall 4155 Rt. 31, Clay, NY 13041 Tel.: (315) 622 1330 www.nikispartyplace.com info@nikispartyplace.com fax: (315) 679-5616

Niki's Party Place

RELEASE AND WAIVER

In consideration of being able to participate in various activities at Niki's Party Place*, the undersigned, on his or her own behalf, and on behalf of the participant(s) identified below hereby acknowledges and agrees as follows:

- 1. The undersigned acknowledges that there are inherent risks associated with participation and use of the inflatable equipment and play area in Niki's Party Place* and on behalf of the undersigned and participant(s) named below knowingly and fully assumes all risks, known and unknown, associated with participation and activities at Niki's Party Place* and waves all claims for damage to person or property loss whether arising from (i) negligence or carelessness on the part of the persons or entities being released and other participants, or (ii) dangerous or defective equipment.
- 2. The undersigned certifies that he or she is physically fit and may participate in the activities available at Niki's Party Place* and has not been advised otherwise by a qualified medical person;
- 3. The undersigned on his or her behalf and on behalf of any executors, heirs, successors and assigns hereby releases, discharges and holds harmless Nikis Party Place*, operating as DBA for AV Intertrade, LLC. and its officers, agents, employees, representatives, and all affiliates, from any and all claims, damages or liability arising from death, disability, personal injury, property damage or theft, or actions of any kind;
- 4. The undersigned agrees to comply with the rules and conditions of participation expressed or posted at Niki's Party Place*. If the undersigned observes any significant hazard during such participation, the undersigned will promptly inform an employee of Niki's Party Place; and
- 5. The undersigned acknowledges that this release and waiver of liability form will be used and relied upon by the Company* and that it will govern the undersigned's actions and rights.

1.		2.	
Participant Name	Date of Birth	Participant Name	Date of Birth
3.		4.	
Participant Name	Date of Birth	Participant Name	Date of Birth
5.		6.	
Participant Name	Date of Birth	Participant Name	Date of Birth
Address		City State	Zip
Parent/Guardian (Please, print your full name)		Date	