

# Lost in Fun!

8431 Cody Drive  
Lincoln, NE 68512  
402-261-0440

## Office Use Only

Annual Fun Membership     
Membership #: \_\_\_\_\_ 1 2 3  
Expires: \_\_\_\_\_

# Waiver

In consideration of being allowed to enter the play area and/or participate in any party and/or activity at Lost in Fun Inc., the undersigned, on his or her behalf, and on the behalf of the undersigned child(ren) identified below, acknowledges, appreciates and agrees to the following conditions:

I declare that I am the parent or legal guardian of the child(ren) named below. I agree that I and the child(ren) named below shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions, as conditions for participation in any party and/or activity at Lost in Fun Inc. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Lost in Fun Inc. employee or official immediately.

I am aware that there are inherent risks associated with participation in Lost in Fun Inc. activities, parties, and/or use of the playsets, inflatables, and other equipment and I, on behalf of myself and the child(ren) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants and/or the alleged negligence of Lost in Fun Inc. or any of its employees or representatives.

I, for myself and the child(ren) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless Lost in Fun Inc., its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Lost in Fun Inc. programs, activities or parties, and/or the use of any and all Lost in Fun Inc. equipment.

I agree that Lost in Fun Inc. may act in reliance upon this waiver in allowing my child(ren) to participate and have the understanding that adults and children play at their own risk.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\*Below information is mandatory for first visit or for children participating in a party or special event at Lost in Fun! \*\*\***

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

**IF WAIVER IS FOR BIRTHDAY PARTY PLEASE RETURN ON PARTY DAY!**