

Children's Birthday Party Activity Liability Waiver

Child's Name

Child's Date of Birth

Parent/Guardian Name

Phone Number

Email Address

Waiver & Release of Liability

By signing below, I acknowledge that I am the parent or legal guardian of the above-named child and hereby give my consent for my child to participate in all activities at the children's birthday party. I understand that participation in party activities involves an inherent risk of injury. I agree to release, discharge, and hold harmless the host(s) and venue from any and all liability, claims, demands, or causes of action that may arise from my child's participation in these activities.

I certify that my child is in good health and able to participate. I understand that every effort will be made to contact me in case of emergency. In the event I cannot be reached, I authorize emergency medical care at my expense if necessary.

Please list any allergies, medical conditions, or special instructions

Parent/Guardian Signature

Date

