

Waiver of Liability

I am (parent or guardian) _____

I give my permission and accept full responsibility for Child to participate in the Amusement rides and games owned and operated by *(Abbey's Playtown)*, a *(Texas)* limited Liability Company ("*Aghnatos Bishar LLC*"). As a Condition to child's participation in the "Games" and by signing this form, I acknowledge and agree as follows: I acknowledge and understand that the operator(s) have advised me of the proper use and possible hazards of the "Games". The Child and I are solely responsible for deciding whether or not to participate or to rely upon any instructions, advice, or information received regarding the "Games". I acknowledge that it is not "Company's" purpose to teach safety before, during or after participation in the "Games". I acknowledge that I am solely responsible for the decision to allow the Child to participate in the "Games". I am of legal age and mental competence to knowingly give this acknowledgement and release which shall legally bind me and the Child and our personal representatives, executors, heirs, and assigns.

I HEREBY RELEASE, WAIVE, AND GIVE UP ANY AND ALL CLAIMS, KNOWN AND UNKNOWN, THAT THE CHILD OR I MAY NOW OR LATER HAVE AGAINST "Company", ITS MEMBER(S), OFFICER(S), INSTRUCTOR(S), OPERATOR(S) AGENTS, OR REPRESENTATIVES RELATED TO ANY ACT, OMISSION, STATEMENT, OR OCCURRENCE DURING OR RELATED TO THE "GAMES". CLAIMS FOREVER RELEASED BY ME AND THE CHILD INCLUDE, WITHOUT LIMITATION, LIABILITY FOR DIRECT, INDIRECT, VICARIOUS, CONSEQUENTIAL, AND INCIDENTAL, PERSONAL INJURY, DEATH, ECONOMIC LOSS AND OTHER DAMAGE OR EVERY KIND WHEREVER OR HOWEVER IT MAY OCCUR.

I UNDERSTAND THAT THIS WAIVER WILL BE VALID FOR THE ABOVE CHILD FOR ALL FUTURE VISITS AND AGREE THAT THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL AND THAT ABBEY'S PLAYTOWN CAN ONLY USE THEM FOR PROMOTIONAL SERVICES SUCH AS EVENTS, DISCOUNTS, OR OTHER PROMOTIONS.

INITIALS.....

Parent / Guardian Signature: _____ Date: ____/____/____

Parent / Guardian Printed Name: _____

Child's Name: _____

Child's Date of Birth: ____/____/____

Child's Name: _____

Child's Date of Birth: ____/____/____

Child's Name: _____

Child's Date of Birth: ____/____/____

Child's Name: _____

Child's Date of Birth: ____/____/____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Abbey's Playtown will not sell, distribute, or market any personal information.