

Waiver of Liability

Release/Indemnification of all Claims and Covenant not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By entering this facility you accept this agreement, and give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to you or to your property or for your death however caused arising out of your use of the LITTLE MONKEY BUSINESS facilities, now or any time in the future.

I ACKNOWLEDGE AND AGREE that the use of and participation at the LITTLE MONKEY BUSINESS facility has inherent risks. I have full knowledge of the nature and extent of all risks associated with indoor playground equipment and inflatables at LITTLE MONKEY BUSINESS, and, on behalf of myself and the children in my guardianship, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I agree that I shall comply with all, posted safety signs, rules, and verbal instructions as conditions for participation in activities at Little Monkey Bizness. If I observe any hazard during our participation, I will bring it to the attention of the nearest Little Monkey Bizness employee.

On behalf of myself, my heirs, representatives, executors, administrators, and assigns I HEREBY DO RELEASE, INDEMNIFY, AND HOLD HARMLESS CMR HOLDINGS LLC and LITTLE MONKEY BUSINESS, its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against LITTLE MONKEY BUSINESS, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my use of the MONKEY BUSINESS facility, whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of LITTLE MONKEY BUSINESS, its officers agents, and employees.

Date _____ Participant's Name _____

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email address _____

Parent or Guardian Signature is Required: _____

Please Print

Name: _____

(Participant's signature if 18 or over or Parent or Legal Guardian)