

## Liability Waiver

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_  
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In consideration of being allowed to enter and participate in the activities at Glow Galaxy, located at 121 Seaboard Lane, Franklin, TN, the undersigned agrees as follows:

I am aware of that there is a risk of injury when participating in any of the Glow Galaxy activities and using any of its inflatable equipment, and I am aware that such injuries include, but are not limited to, bruises, cuts, scrapes, broken bones and even more serious injuries. I knowingly accept these risks, whether known or unknown, on behalf of myself and on behalf of my child(ren) or ward(s), including the risks that may arise from another participant's negligence. I understand that participation in this program is strictly voluntary, and I freely chose to participate and/or have freely chosen to allow my child(ren) or ward(s) participate.

I, the undersigned, and my heirs and assigns, hereby release and hold harmless Glow Galaxy, Parkston Enterprises, LLC, its members, officers, employees and agents, and any other people officially connected with Glow Galaxy and Parkston Enterprises, LLC, from any and all liability for damage due to or loss of personal property, injury from whatever source, or death which might occur to myself, my child(ren), or my ward(s) while participating in any activities at the Glow Galaxy facility or use of its inflatable equipment, including any injury caused by the negligence of Glow Galaxy, Parkston Enterprises, LLC, its members, officers, employees or agents.

I agree that I will be responsible for any and all medical costs I, my child(ren), or my ward(s) incur as a result of my/their participation in any Glow Galaxy activities. I further agree to reimburse Glow Galaxy, Parkston Enterprises, LLC, its members, officers, employees and agents for any legal fees, including court costs, that they may incur in the defense of any claim, cause or action, or demand waived under this Liability Waiver. In the event that litigation is brought against Galaxy, Parkston Enterprises, LLC, its members, officers, employees and agents for any reason, I agree to bring such action in Williamson County, Tennessee. I further agree that if any provision of this Agreement is found to be invalid or unenforceable, such provision shall be deleted and the remainder of this Agreement shall remain in full force and effect.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date

\_\_\_\_\_  
Emergency contact phone number

\_\_\_\_\_  
Printed Name of Parent or Guardian