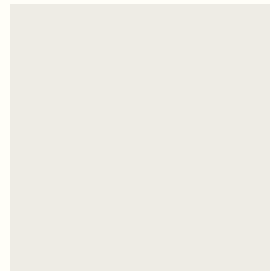




You're invited to
WACKY TACKY
ROSEVILLE



From:

To:



You're invited to the
Wacky Tacky
for an awesome party!

Party For: _____

Date: _____ Time: _____

RSVP: _____ Phone: _____

Don't Forget Your Socks!

Liability Release

In Consideration of being a willing participant in any party at Wacky Tacky in Roseville, California, The participants and/or guardians signed on this waiver agree to the following:

I Understand and acknowledge that the activity which I am or/and (any minor children for which I am the Parent, legal guardian, or otherwise responsible, any heirs personal representative) about to voluntarily engage in as a participant and/or volunteer bears certain know risks and unanticipated risk could result in Injury, death, illness or disease, physical or mental, or damage to myself, or to spectators or third-parties, I, being aware of this activity entails risk or injuries to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, any hires, personal representative, or assigns) expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself (and any minor children for which I am the parent, legal guardian, or otherwise responsible, and heirs, personal representative, or assigns), Participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

Release: In consideration of the services provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, due hereby release Magna Ventures from any liability and waive a claim for damages arising from any cases whatsoever (except that which is gross negligence). I further agree to reimburse you all attorney fees and costs should I bring legal action against you and lose.

Participant/ Guardian Print Name:

Participant/ Guardian Signature: Date:

Participant Name:

Date of Birth:

Emergency Contact Name and Number:
