

Kidz Zone Waiver Form

Please read and fill out the waiver form before your child enters the Kidz Zone.

Child's Full Name

First Name Last Name

Parent/Guardian's Full Name

First Name Last Name

Child's Age

Emergency Contact Number

Please enter a valid phone number.

Medical Conditions or Allergies (if any)

I, the undersigned, hereby agree to release and hold harmless the organizers of the Kidz Zone from any and all liability, claims, and demands of whatever kind or nature which may arise in connection with my child's participation in the activities.

Date of Signature

Day Year