Thelma’s Skateland 2

Acknowledgement of Risk, Waiver of Liability, Release and Indemnity Agreement (“Agreement”)

Participants Name: Date of Birth:

Phone: Age:

Parent’s Name (for minor participants):

Address: City:

State: Zip:

I hereby acknowledge that I have voluntarily entered into this Agreement to engage in an activity at Thelma’s Skateland 2 (“Property”) at 2122 West Reelfoot Avenue, Union City, Tennessee, 38261. Said activity is known as “Nerf Wars”. I further acknowledge and understand that in this activity there will be the shooting of Nerf guns and Nerf projectiles as well as running and other physical activities. This Agreement covers any and all activities of any kind whatsoever in which I engage in or observe while at the Property. I am over 18 years of age or older and am legal able to enter into this Agreement.

(Initials)

I ACKNOWLEDGE AND UNDERSTANDthat the shooting of foam or Nerf projectiles and the physical activities engaged in such activity involve both known and unknown anticipated risk which could result in damage or injury. Said risks include but are not limited to being struck by a projectile, falling, striking an object or another person. I understand that such risk cannot be eliminated without compromising the essential qualities of the activities.

(Initials)

**I AGREE** **TO ASSUME all responsibilities and liabilities for any act or acts, even any negligent or reckless act of myself or any guest at the Property. I also agree to be responsible for any and all actions by myself and responsible for any minor aged person I bring to the Nerf Wars event or authorized to be at the subject activity. If I bring a minor to the event that is under eight (8) years of age, I agree to be with that minor by their side the entire time of the event and able to take control over the Nerf device.**

**(Initials)**

I AGREE TO ABIDE BY ANY AND ALL SAFETY RULES and/or guidelines and I agree that I am responsible to see that any minor person I bring to the activity complies with any and all safety rules and/or guidelines.

(Initials)

I AGREE AND ACKNOWLEDGE that I have read the safety rules and will abide by the safety rules including but not limited to the following requirements:

**1. Safety goggles are to be worn at all times**

**2. Only the nerf darts or projectiles provided by the Property will be used by me and by any minor person I bring to the property**

**3. No motorized nerf guns are allowed to be used**

**4. I will only use those nerf guns or devices approved by the Property**

**(Initials)**

**I AGREE THAT In consideration of my participation in the subject event I do for my myself, my heirs, and assigns hereby agree to Indemnify and Hold Harmless the Property against any and all actions or causes of actions which may hereafter arise from any injury or damages whether suffered by me or by a guest or by anyone else resulting from me (or anyone authorized by me) entering on the Property and engaging in the subject activity.**

**(Initials)**

**I UNDERSTAND THAT BY MY SIGNATURE I AM GIVING UP SUBSTANTIAL RIGHTS that I am agreeing not to sue or file any litigation against Thelma’s Skateland 2 otherwise known as “Property” in this Agreement and/or any of its owners and/or shareholders for any injuries or damages arising out of the above subject activity and/or event.**

**(Initials)**

**I understand this Agreement is valid for one year from the date of my signature below. I understand this Agreement is governed by the laws of the State of Tennessee.**

I have carefully read this Agreement and fully acknowledge its contents.

Signature of Participant

Date

Please indicate if guest is a minor (under age 18)

Name of Minor:

I understand, represent and warrant that I am the parent or legal guardian of the minor, whose name appears above and hereby grant my permission and consent as to such minor. I have read the foregoing Acknowledgement of Risk, Waiver of Liability, Release and Indemnity Agreement and fully know and understand its contents and agree to be bound its terms and conditions.

Signature of Parent/Guardian

Date