Paradise Pond Parental Authorization, Consent, and Release

First Baptist Church of Grapevine (FBCGV) welcomes you and your children to Paradise Pond indoor playground.

➢ 1._____
Child's Name DOB Sex (m/f) Age or Grade

2._____
Child's Name DOB Sex (m/f) Age or Grade

3._____
Child's Name DOB Sex (m/f) Age or Grade

➢ _____
Street Address City State Zip Phone

➢ _____
Parent/Guardian Address (if different) Phone

I am the parent or legal guardian of the above referenced child/ren and I have the authority to sign this document with binding legal effect. I am voluntarily allowing my child to participate in the open play time at Paradise Pond at FBCGV. I understand that in utilizing the Paradise Pond facilities my child may participate in activities that carry with them a degree of risk or harm including physical activities and use of recreational equipment.

I understand that FBCGV will have personnel present in the Paradise Pond area, but that I am solely responsible for supervising my child/ren at all times and must remain in Paradise Pond for that purpose. I agree to cause my child/ren to follow all posted rules for Paradise Pond and further acknowledged that we may be asked to leave if my child/ren does not follow the rules. I personally assume, on my child/ren's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child, whether foreseen or unforeseen.

In consideration of my child being allowed to play in the Paradise Pond area and to use FBCGV's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FBCGV, and FBCGV's employees, officers, directors, volunteers, and agents from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of FBCGV's equipment and facilities.

In cases of emergency, I consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by FBCGV, its agents, servants volunteers, and employees and I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against FBCGV on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have read this document, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

➢ Dated: _____, _____.

➢ _____
SIGNATURE PRINTED NAME