

The Track, 16806-08 Oakmont Avenue., Gaithersburg, Maryland, 20877

(301) 417-9630

Before being allowed to enter the play area at The Track, you must sign this waiver on your own behalf and on the behalf of the minor child (s)/participant (s) listed and identified below. You acknowledge, appreciate and agree to the following conditions:

I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation, I will bring it to the attention of the nearest The Track employee or official, immediately.

I am aware there are inherent risks associated with participation in The Track programs, parties, and/or use of The Track area and equipment and I, on behalf of myself and the participant(s) named below, knowingly, voluntarily and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, for myself and the participant(s) named below, and our respective heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless, The Track, their affiliates, officers, members, agents, employees, and other participants from and to or arising out of our participation in any and all of The Track programs, activities, parties, and the use of The Track play area.

Each participant must have a waiver form signed, either by them or if under the age of 18 years, then signed by a parent/legal guardian or designated representative by parent/legal guardian. If a waiver is not signed, the person will not be able to participate in any of The Track programs, parties, and/or use of The Track play area. I also - acknowledge that prior to signing this waiver that I have had the opportunity to ask any questions personally or by email through Mimithetrack@yahoo.com, or by telephone at 301-417-9630.

By signing below, I agree to the above information.

Printed Name: _____ Signature: _____ Date: _____

Address, City, State, Zip: _____

Contact Phone Number: _____ e-mail: _____

Relationship to Participant: _____

Name: _____

Name: _____

Name: _____

Name: _____