

# Kids Ground Waiver Form

Parent / Guardian Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Address City, State and Zip

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Minors:

Child 1: \_\_\_\_\_  
First Name Last Name DOB (Month/Day/Year)

Child 2: \_\_\_\_\_  
First Name Last Name DOB (Month/Day/Year)

Child 3: \_\_\_\_\_  
First Name Last Name DOB (Month/Day/Year)

Child 4: \_\_\_\_\_  
First Name Last Name DOB (Month/Day/Year)

Child 5: \_\_\_\_\_  
First Name Last Name DOB (Month/Day/Year)

**Ben & Claire LLC, dba Kids Ground**  
**Accident Waiver and Release Liability Form**  
*(on behalf of a minor child/ren)*

I certify, I am the adult parent/guardian of a minor child/(ren) under the age of 18. I consent to the participation in the activities and use of the space of Kids Ground ("the facility") located at 8010 Gramercy Blvd, Suite B, Rockville, MD 20855. By signing this form, I acknowledge this Accident Waiver and Release of Liability of Liability Form as an agreement that will be used by Kids Ground, and it will hold me accountable for my actions and responsibilities, and of the child(ren), at Kids Ground.

The participation at Kids Ground, and all its activities offered may tests one's physical, mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, event caused by the terrain, facility, temperature, weather, the condition of person(s), equipment, dehydration, and actions of others, but not limited to participants, monitors, and the producers of the activity. I hereby assume all of the risks of participating in any and all activities associated with the facility, and not limited to any risks that may arise from negligence, carelessness on part of the person(s) or entities and including any use of equipment that is dangerous and/or defective that is owned and/or maintained.

By signing this waiver, I hereby waive, release and forever discharge from liability, Claire & Ben LLC, dba Kids Ground and their respective agents, employees, officers, directors, shareholders, and any other person associated with the facility from all claims and actions of any kind and nature which are related in any way, indirectly or directly, from the use of Facility or participation in any activity that was offered in any part of negligence. I understand that I will be responsible for all risks associated with the minor(s) participating and that I am here with the minor(s) at my own risk and expense and agree I will not bring any claim or cause of any action of any kind or nature against Claire & Ben LLC, dba Kids Ground and any respective agents, employees, officers, directors or any person associated with the entity. I further agree to indemnify, defend and hold harmless Claire & Ben LLC, dba Kids Ground, and any person associated with the facility from any claims are causes of action from the use of the facility.

By accepting below, I acknowledge and agree I have read this Waiver/Agreement and understood all the terms and conditions and that this Waiver/Agreement will be in full force and effect at all times being present at the Facility and/or participating in any services offered by or through the Facility.

I certify that I have read this document and I fully understand its content. By signing below, I am aware that this is a release of liability on behalf of myself and a minor child/(ren), and I accept the terms of this waiver of my own free will.

Legal Guardian/Parent: \_\_\_\_\_  
**Print - First and Last Name**

\_\_\_\_\_  
**Sign**

\_\_\_\_\_  
**Date**

**Ben & Claire LLC, dba Kids Ground**  
**Medical Permission Authorization**  
*(on behalf of a minor child/ren)*

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for Claire & Ben LLC, dba Kids Ground to authorize emergency medical treatment as may be deemed necessary for the Minor named below while participating at Ben & Claire LLC, dba Kids Ground for any activities. The hereby releases, discharges, and agrees to indemnify and hold harmless Kids Ground from all liability, claims, demands, losses, or damages on the minor(s) account caused or alleged to have been caused in whole in part by the negligent medical treatment, failure to provide medical treatment or negligent rescue operations, and further agrees to indemnify, save and hold harmless Ben & Claire LLC and all its affiliates, employees, directors, shareholders and anyone associated with the facility from any litigation expenses, attorney's fees, loss of liability, damages and/or any costs incurred by the facility as a result of any such claim.

I have read the above Medical Permission Authorization and by signing below, I am aware that this is a release of liability on behalf of myself and a minor child/(ren), and I accept that terms of this Medical Permission Authorization of my own free will.

Legal Guardian/Parent: \_\_\_\_\_  
**Print - First and Last Name**

\_\_\_\_\_  
**Sign**

\_\_\_\_\_  
**Date**

**Ben & Claire LLC, dba Kids Ground**  
**Photography, Video and Picture Release**  
*(on behalf of a minor child/ren)*

By accepting this waiver, I grant Ben & Claire LLC, dba Kids Ground the permission to record on photography film, video, and pictures of participation by you and the minor child/(ren). All materials that is photographed may be used in future publication, brochures, or printed materials and social media that will be used to promote and advertise Ben & Claire LLC, and as such there will no payment, fees, royalties, discounts or any form of repayment given by the facility in any kind.

Legal Guardian/Parent: \_\_\_\_\_  
**Print - First and Last Name**

\_\_\_\_\_  
**Sign**

\_\_\_\_\_  
**Date**