



**In Consideration of being allowed to enter the play area and/or participate in any party and/or program at Rafiki LLC, of Boise, ID, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:**

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. 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 in any party and/or program at Rafiki LLC. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Rafiki employee or official immediately;

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

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Rafiki LLC of Boise, ID, and Rafiki LLC affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Rafiki LLC programs, activities, parties, the use of the play area and/or climbing wall.

**I understand that Rafiki LLC is not a daycare or child care facility.** I will assume all responsibility for my safety and the safety of those individuals, named below, while at Rafiki LLC of Boise Id.

\_\_\_\_\_  
Participant Name Participant Date Of Birth

\_\_\_\_\_  
Participant Name Participant Date Of Birth

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Printed Name Address City, State ZIP

\_\_\_\_\_  
Emergency Contact Phone # E-mail (Optional)