



# CrazyZone Waiver

6694 Lonetree Blvd  
Rocklin, CA 95765  
(916) 259-2729

I acknowledge that the owners and operators of EXTREME CRAZE have employed diligent efforts and care in making the facilities and premises as safe as possible; and that despite their foregoing efforts; I understand that there are, nevertheless, certain inherent risks in using the facilities and premises. Among these risks are possible trips, falls, collisions with other people or objects, etc.

I specifically acknowledge the existence of these risks and agree to the use of the premises and facilities with the full understanding of the same.

By signing this waiver you agree to all of the rules posted at the entrance of the **CrazyZone** including the following important rules:

- A parent or guardian is responsible for supervising children at all times.**
- Children under four (4) years of age must be accompanied by an adult at all times.**
- Children ten (10) years old and younger ONLY are permitted in the CrazyZone.**
- Absolutely no aggressive behavior is allowed.**

Further, I give my child(ren), named below, my permission to participate in XTREME CRAZE activities. I, the undersigned (parent/guardian) of the minor(s) do hereby consent to their participation in the XTREME CRAZE activities and do forever release EXTREME CRAZE, its employees, agents, representatives, and owners from any and all claims which I or my minor child may now or hereafter have either before or after the minor has reached the age of majority resulting from the minors participation in the XTREME CRAZE facility.

Today's Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Participants Birthdate: \_\_\_/\_\_\_/\_\_\_

Participants Name: \_\_\_\_\_ Participants Birthdate: \_\_\_/\_\_\_/\_\_\_

Participants Name: \_\_\_\_\_ Participants Birthdate: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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