

Please Fill Out Information Below, Sign, Detach &  
Return To The Front Office with your payment.

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Party For

Age: \_\_\_\_\_

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Party Date/Time

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Parent's Name

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Phone Number

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

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City & Zip: \_\_\_\_\_

I have read **the enclosed information** and I accept and agree with it. Furthermore, I hereby release **Infinite Bounds** and its agents and representatives of liability for any personal injury to any guest arising out of party participation. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the under such circumstances.

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Signature

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Date