This waiver must be returned with the wristband form in order to ride the Mechanical Bull Inflatable

additional waivers available by request or download at: WWW.MTPLEASANTCHRISTIAN.ORG/AUCTION

MPCS Annual Auction & End-of-Year Celebration SATURDAY, JUNE 7th



Amazing Entertainment

Activity Authorization Form

(Mechanical Bull – Twister – Fun Derby – Money Machine – Rockwall)

PARTICIPANT'S AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

I acknowledge that going into an inflatable amusement devise or climbing on a portable artificial climbing wall, Mechanical Bull, or participating in any activities provided by Amazing Entertainment Enterprises Llc. entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to my child or me. Therefore, I hereby expressly release, forever discharge, and agree to indemnify and hold harmless Amazing Entertainment Enterprises Llc. (hereinafter collectively referred to as "AEE"), from any and all claims, demands, or causes of action, which are in any way connected with me or my child's participation in this activity. Should AEE or anyone acting on AEE's behalf be required to incur attorney's fees and costs to enforce this agreement, I expressly agree to indemnify and hold AEE harmless for all such fees and costs. In the event that I file a lawsuit against AEE, I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. In consideration of me or my child being permitted by AEE to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AEE from any and all claims which are brought by, or on behalf of my child, and which are in any way connected with such use or participation by my child.

Student's Name:	Date: Telephone #		
Address:			
Parent Name:	Signature:		Date: