

9541 Foley Blvd NW Coon Rapids, MN. 55433 763-439-5396 www.airbornxtreme.com

Child's Name:	
Birthdate:	
Parent Name: _	
Phone:	

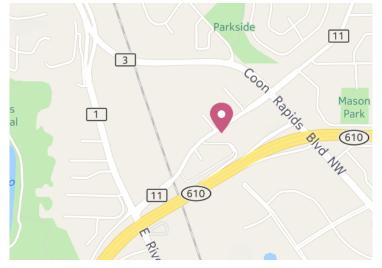
Waiver: I agree that Airborn Xtreme, along with the employee's, agents, officers, and directors of this organization, shall not be liable for any losses or damages occurring as a result of my child's participation in the birthday party. Except where such loss or damage is the result of intentional or reckless conduct of one of the organizations individuals identified above. I hereby waive and release any claims, which may be against Airborn Xtreme.

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As a legal guardian for the child listed above, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the said birthday party.

Signature of Pa	arent or Guardian	Date	



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Child's Name: Birthdate: Parent Name:	
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Signature of Parent or Guardian	Date