



# GENERAL WAIVER FOR PRIVATE USE

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Persons over the age of 18 who also completed the rental agreement form must complete a general waiver for all minors who will be in attendance at their private event/party. These agreements are part of our effort to create a safe space for all in attendance. By completing this form, you agree to the following.

I, \_\_\_\_\_, recognize and understand the risk of physical injury while utilizing the Restore Kids Campus and I fully assume those risks on behalf of any minors present at my private event. I hereby release Restore Church and their volunteers from all liability for injuries sustained or illnesses contracted while utilizing the Restore Kids Campus. I will not hold Restore Church liable for any personal injury, including but not limited to, scrapes, bruises, cuts, sprains, fractures, broken bones, concussions or death, which may occur at any time while utilizing the Restore Kids Campus.

I understand and agree that it is my sole responsibility to safeguard personal property while utilizing Restore's Kids Campus. I hereby release Restore Church and its volunteers from all liability for loss or damage to any personal property while utilizing the Kids Campus. I understand that Restore Church will hold me responsible for any intentional damage to property while utilizing the Kids Campus. I also agree to abide by any rules, regulations or policies set forth.

I agree not engage in unsafe, unhealthy, or harassing behaviors while hosting a private event. To ensure that all are safe in this space, we ask that you agree to the following guidelines:

No alcohol or drugs. No smoking. No use of explicit content. No toys or personal property used in foam pit.

In signing this release, I acknowledge that I have fully informed myself of the content of the waiver before I sign it, and I understand that I sign this document of my own free will. I further state that I am at least 18 years of age and am fully competent to sign

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Please provide proof of medical insurance prior to using the facility.

