



## PARROT ISLAND WATERPARK RELEASE FORM

*PLEASE READ CAREFULLY BEFORE SIGNING RELEASE*

I hereby acknowledge that I, the members of my family and our guests, in attending and using the Parrot Island Waterpark located in Fort Smith, Arkansas, do so at my, our, or their own risk. Parrot Island Waterpark shall not be liable for any loss or damage to personal property or for any personal injuries sustained by me, members of my family or our guests in, on or about the premises. I assume full responsibility for any injuries or damages which may occur to me or members of my family or to our guests in, or about the premises. I do hereby fully and forever release and discharge Parrot Island Waterpark, their employees and agents from any and all claims, demands, damages, resulting from or arising out of use of the facilities by me, the members of my family or our guests. All swimmers must bring their own towels, hair dryers, etc.

I hereby certify that I and the members participating in this function are in good health and are able to use the swimming pools and related facilities without assistance. I understand that life guards **will** be present when we are using the facility. I and the members participating in this function will not use the facilities under the influence of alcohol or drugs. I understand that no areas in the facility are designed for diving. I have read fully and agree to abide by the rules and regulations for the use of the Waterpark. I represent that at the time of receiving and signing the agreement and release, I am of lawful age and legally competent to execute it, and that before signing this agreement and release I have fully informed myself of its contents and execute with full knowledge thereof.

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILD'S BIRTHDAY MO/DAY/YEAR \_\_\_\_\_