

# Activity Consent Form and Approval by Parents or Legal Guardian

This form is required for use by any person wishing to participate in the "Flippers360's Game Room. Participants (under 17 years of age) must obtain approval and consent from Parent or Legal Guardian for this activity.

Parent or Legal Guardian must be present and provide identification at time of form submittal to Event Coordinator. No person under (8) years of age will be permitted to participate in event.

First Name of Participant: \_\_\_\_\_ Last name \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

First Name of Parent/Guardian: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The above named Participant has approval to participate in the activities available in the Flippers360 Game Room located at 7001 Taft Street, Hollywood, Fl. 33024.

Please Check One:

The above named person may participant \_\_\_\_ WITHOUT RESTRICTIONS: \_\_\_\_ WITH RESTRICTIONS.

Please Specify Restriction: (i.e. : Game Ratings Permitted to Play, No Online Game Play, etc.)

\_\_\_\_\_

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## Hold Harmless Agreement

I understand that participation in this activity involves a certain degree of risk and can be physically, mentally, or emotionally demanding. I understand that some of the content included on some of the Xbox360 games that will be available for play may be inappropriate for minors under the age of (17). I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Flippers II Inc., the event coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian signature