

DREAMLAND Group Liability Waiver Form



DATE of PARTY : _____

CIRCLE TIME/ROOM PREFERRED: _____

Thursday: Room #1 or Room #2: 10 a.m.—Noon 12—2 p.m. 6—8 p.m.

Friday: Room #1 or Room #2: 10 a.m.—Noon 12—2 p.m. 6—8 p.m.

Saturday: Room #1: 11:00 a.m.—1 p.m. ——— 1:30 p.m.— 3:30 p.m.

Room #2: 9 a.m.—11 a.m. ——— 11:30 a.m. — 1:30 p.m. — —— 2:00 p.m.— 4:00 p.m.

Phone: _____ Email: _____

I, _____ (your name) on behalf of the parents or guardians of the children in my care, acknowledge that I have their permission to ATTEND AND PARTICIPATE in a party for _____ (child) at YDC (DREAMLAND). I expect to have _____ (#) of children and _____ (#) of adults at the party.

PLEASE INITIAL THESE CHECKBOXES

I have included a refundable \$100 deposit to secure my booking. This is returnable at the conclusion of my event. Cash or cheques payable to YDC.

I understand that **ACTIVE supervision of the children in my care is my responsibility as party host.** DreamLand is a public, unsupervised play place and other children (families) may be present. PLEASE provide adequate and **active** supervision at a ratio of one adult for every three children in your care. THIS IS IMPORTANT for the fun and safety of everyone. Unsupervised children may be asked to leave.

I understand that I am to return DreamLand PARTY ROOM and any other places I used to how I found it, clean. PLEASE RECYCLE plastic, cardboard and bottles.

I understand DreamLand does not charge a fee for use. A minimum **donation** of **\$100 is requested** and does not include the socks to be purchased for your event. Donations above the \$100 are gratefully accepted; cash, cheques or credit card.

I have received permission from all parent/guardians for their children to be attending DreamLand.

I understand that there is an implied risk of injury due to the nature of children at play.

I declare that the Yorkton DreamCentre INC. (members, congregation leadership, and staff), WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES OR ACCIDENTS WHICH may occur when children in my care are in attendance at DreamCentre or DreamLand.

I will be sure all children in my care wear APEX socks while at play at DreamLand for their safety and for sanitary purposes, and can be purchased for \$3/each at YDC.

NOTE: This form will be kept confidential.



Signature of group (party) leader: _____

Office Use: Confirmation Sent _____ E-Calendar _____ Deposit Discussed _____