



Activity Center
Community Education
South Washington County Schools

Birthday Party Participation Waiver

Waiver of Liability & Assumption of risk

I, for child, and myself will sign this waiver to attend a birthday party at Cottage Grove or Lake Middle School and participate in activities planned for said birthday party.

By signing this waiver I concur that my child and I are aware of the dangers and risks that associated with the games and activities provided by the facility and will agree to assume all risk of personal injury.

Name of Host Party: _____

Date of party: _____

Participant: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Phone # to be reached at: _____ - _____

****If the child does not have this waiver signed s/he will not be able to participate in birthday party activities.**



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