

You are invited to a  
BIRTHDAY CELEBRATION at

**Imagine That**  
create the day

For: \_\_\_\_\_

When: \_\_\_\_\_

Where: Imagine That, The Birthday Party Experts  
Riverwalk Mill Buildings, Building 1, Entrance A  
354 Merrimack Street, Lawrence, MA 01843  
PH: 978.682.5338, www.imagine-that.com

RSVP to: \_\_\_\_\_

By: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## waiver form

To enter, play or attend a birthday party on our premises, we require you to acknowledge and agree to the following:

- I willing agree to comply with Imagine That's guidelines, posted and verbally spoken.
- I will immediately bring to an Imaginator's attention any inappropriate or disruptive conduct that I observe
- I understand that there maybe a risk of injury while playing at *Imagine That*
- I knowingly and freely assume all risks both known and unknown, even if it arises from other customers and assume full responsibility for the participants listed below.
- I agree to assume full responsibility for all medical costs, attorney fees, and all other damages resulting from injury to myself, child/children or other participants
- I for myself and on the behalf of my family and guests hereby hold *Imagine That*, its agents, its employees and any other participants or agents *not* responsible for any injury, disability or loss to any person or property to the fullest extent of the law
- I understand that Imagine That is a shoe free facility, and that my family, guests and I need to wear socks, or shoe covers at all times.
- I give Imagine That permission to use photos or video that was taken of my family at Imagine That. I understand that these maybe used by Imagine That for company purposes. (i.e. on family boards, in newsletters, on our website, in our email blasts, in newspapers, in flyers).

By signing below for my child/children and or my spouse, I agree to the above conditions, should I decide to enter or participate at *Imagine That*. \* denotes a required field.

\*Child(ren) Participant(s) Name: \_\_\_\_\_

\*Child(ren) Participant(s) D.O.B. (date of birth): \_\_\_\_\_

\*Print Parent/Guardian Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City \_\_\_\_\_ \*State / Zip \_\_\_\_\_

There's always something fun at Imagine That, would you like to be sent coupons and event announcements?

\_\_\_ Yes, I'd love to receive coupons and event announcements via email! \_\_\_ No thanks, who needs savings and fun stuff to do?

Email: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_