

The Center Sleepover
805 Western Ave, Joliet
Doors Open Friday, Nov. 1, 7pm
Ending Time: Saturday, Nov. 2, 9am

Participant: _____ Participant's cell: _____

I the parent/guardian _____ hereby waive The Center, its officers, and volunteers from any liability of injury, loss or damage to personal property associated with activities participated in this event. I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Signature: _____ Date: _____

Parent's Cell Number: _____ Parent name: _____

The Center Lock In
805 Western Ave, Joliet
Doors Open Friday, Nov. 1, 7pm
Ending Time: Saturday, Nov. 2, 9am

Participant: _____ Participant's cell: _____

I the parent/guardian _____ hereby waive The Center, its officers, and volunteers from any liability of injury, loss or damage to personal property associated with activities participated in this event. I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Signature: _____ Date: _____

Parent's Cell Number: _____ Parent's name _____