



**LIABILITY WAIVER AND CONSENT AGREEMENT
FOR EXECUTION BY PARENT/GUARDIAN OF MINOR**

Parent / Guardian Information

Parent/Guardian's First Name: _____ M.I.: _____ Last Name: _____

Address: _____

DOB: _____ Gender: _____ Emergency Phone Number: (____) _____

(Insert Name and Date of Birth of Child at bottom of page.)

*THIS AGREEMENT CONTAINS IMPORTANT PROVISIONS AFFECTING OUR LIABILITY TO YOU
AND TO YOUR CHILD, AS WELL AS TERMS AND CONDITIONS OF PARTICIPATION IN THIS
ACTIVITY.*

PLEASE READ CAREFULLY BEFORE SIGNING.

In consideration of the foregoing Assumption of Risk, Passenger Responsibility, and Release if Liability, which terms are acknowledged on behalf of minor and incorporated herein by reference as to minor, and in consideration of your minor child being permitted to ride the Ride, you hereby attest that, after reading this further Liability Waiver and Consent Agreement completely and carefully, **including the notice above your signature, as required by Florida Statutes §744.301**, you acknowledge that you have freely consented to your minor child's participation in the Activity, and that you understand and agree as follows:

AS REQUIRED, AND IN COMPLIANCE WITH, FLORIDA STATUTES §7440.301
PLEASE READ BEFORE SIGNING

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF **ORLANDO BALLOON RIDES, LLC** AND ANY PARENT, SUBSIDIARY AND OTHER AFFILIATED OR RELATED COMPANIES; ALL ADVERTISERS, CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS OF EACH OF THE FOREGOING ENTITIES (COLLECTIVELY, THE "**RELEASED PARTIES**"), USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM **ORLANDO BALLOON RIDES AND ALL OTHER RELEASE PARTIES** IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND **ORLANDO BALLOON RIDES, LLC** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By signing below, I certify that (1) I have fully and completely read and understand this Liability Waiver and Consent Agreement; (2) I am 18 years of age or older; (3) I am the natural/legal guardian of the minor child identified above; (4) the information set forth above pertaining to my child is true and complete; (5) I consent and agree to all of the foregoing on behalf of myself and my minor child identified above; (6) I understand that Orlando Balloon Rides is relying upon the representations made herein in making its determination to allow my minor child to participate in this inherently risky activity.

(Date) (Signature of Parent/Natural/Legal Guardian) Printed Name of Parent/Natural/ Legal Guardian)

Minor Participant's Information

Relationship to Minor: _____

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____