Brickapalooza

Tons of Bricks Tons of Fun

164 Westford Rd.
Tyngsboro MA, 01879

978-649-2654
www.brickapalooza.com

Directions:

From South: Rt 3N to Exit 34. Left at end of Ramp. Tyngs Tarry Plaza is 1/4 Mile on the Left.

From North: Rt 3S to Exit 34. Right at end of Ramp. Tyngs Tarry Plaza is 1/4 Mile on the Left.

You're Invited!!!

To a LEGO Birthday Party!

For:_____

Date:_____

Time:_____

RSVP By:_____

Phone:_____

Refreshments will include...

☐ **Pizza** ☐ **Cake**

Please arrive promptly. Children will begin building as soon as they arrive.

Please read and sign that you understand the following.

On behalf of myself, my children, my parents, my heirs, assigns, personal representatives, AND estate. and in consideration of the services provided by Brickapalooza LLC, its agents, owners, officers, affiliates, volunteers, participants, employees, AND all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as "Brickapalooza"), I hereby agree to release, indemnify, and discharge Brickapalooza as follows:

1. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Brickapalooza from any and all claims, demands, or causes of actions which arise in any way from my activities at Brickapalooza's facilities, including any such claims, demands, or causes of action alleging negligent acts or omissions by Brickapalooza.

2. LEGO is made up of small parts which MAY not be suitable for small children. Please ask your child not to put LEGO in their mouth. Anyone that cannot keep LEGO from their mouth may be asked to leave.

3. I acknowledge that I may be injured by the actions of other participants who are also using Brickapalooza's facilities and equipment, and I agree to release, indemnify, and discharge Brickapalooza for any injury or damages I incur that are caused or contributed to by another participant or participants.

By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate

Participant(s) _____/__/__ _____/__/____
Name/Date of Birth Name/Date of Birth

Address: _____ City:_____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: Home:_____ Mobile: _____

Email:_____