

## Waiver and Release Form

I voluntarily agree to comply with all rules and conditions of Bouncing Around & Assoc. LLC. If I observe any unsafe condition, I will bring it to the attention of the staff of Bouncing Around & Assoc. LLC.

I understand that there are inherent risks involved in using inflatable equipment and other play equipment, including all equipment at Bouncing Around & Assoc. LLC. These risks include but are not limited to sprains, broken bones, joint or back injury, paralysis, and death.

I represent to the best of my knowledge that I and/or the participant is physically sound, and does not have any medical conditions that would be aggravated by using play equipment.

I assert that my participation is voluntary and that I knowingly assume all such risks. Therefore, I assume full responsibility for using the play equipment located at Bouncing Around LLC Indoor Funcenter and I voluntarily and freely choose to assume all such risks and dangers, including the risk of injury or death that may be associated with, or result from, using the play equipment, even if caused by the negligence of Bouncing Around LLC or its staff or other guests.

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Bouncing Around LLC and/or Bouncing Around & Assoc LLC. d/b/a Bouncing Around and any of their affiliates, officers, members, agents, employees, and other guests or sponsoring agencies from liability from any and all claims resulting in personal injury, accidents, illnesses, death, or property loss.

I give my permission to Bouncing Around & Assoc. LLC and its staff to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, Bouncing Around & Assoc. LLC and its staff has my express permission to secure, at my expense, such medical treatment as is deemed necessary in the sole discretion of Bouncing Around LLC and its staff.

By my signature below, I acknowledge that I have read and agree to all statements contained in this document. This document will be kept on file and for the period stated below it releases all names for the given date through and including the dates signed below.

CHILD #1 (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD #3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD #4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Parent/Guardian: (Print name): \_\_\_\_\_

Participant's Parent/Guardian: (signature): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #:

DATE: \_\_\_\_\_ All dates through & including: \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER: