



In consideration of being allowed to enter the play area and/or participate in any party and/or program at Bounce Party N Play, the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) name below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Bounce Party N Play. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Bounce Party N Play employee or official immediately.

I am aware that there are inherent risks associated with participation in Bounce Party N Play programs, parties, and/or use of the play area and inflatable equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that shall arise out of negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigners, administrators, personal representatives, and next of kin, hereby release and hold harmless, NV LLC, Bounce Party N Play, and Bounce Party N Play Management, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies, from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Bounce Party N Play programs, activities, parties, the use of the play area and/or inflatable equipment.

I am also aware that prior to engaging in any physical activity, all participants must attend a Bounce Party N Play safety presentation.

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Participant Name	Participant Date of Birth
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Participant Name	Participant Date of Birth
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Parent/Guardian Signature	Date
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Parent/Guardian Printed Name	Emergency Contact Phone #
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Address	City, State and Zip Code
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