

WAIVER

In Consideration of being allowed to enter the play area and/or participate in any party and/or program at Let's Bounce Around, LLC Doylestown, PA, the undersigned, on his or her behalf, and on the 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) named 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 Let's Bounce Around. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Let's Bounce Around employee or official immediately;

I am aware that there are inherent risks associated with participation in Let's Bounce Around 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 may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Let's Bounce Around, LLC, 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 Let's Bounce Around programs, activities, parties, the use of the play area and/or inflatable equipment.

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Emergency Contact Phone Number: _____

Email Address(Optional. You will receive Specials and Upcoming Event information on a periodic basis):

Email Address: _____

_____ Check here if you have attended Let's Bounce Around previously.

_____ Check here if you do not wish to be on our mailing list.