

Bouncy World

Waiver and Release Form for Parent's Night Out

I voluntarily agree to have my child/children to comply with all rules and conditions of Bouncy world. I agree to review and comply with the safety rules and if I observe any unsafe condition, I will bring it to the attention of the staff of Bouncy World.

I understand that there are inherent risks involved in using inflatable equipment and other play equipment, including all equipment at Bouncy World. These risks include but are not limited to sprains, broken bones, joint or back injury, paralysis, and fatality. 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 child/children participation is voluntary and that I knowingly assume all such risks. Therefore, I assume full responsibility for using the play equipment located at Bouncy World and I voluntarily and freely choose to assume all such risks and dangers, including the risk of injury or fatality that may be associated with, or result from, using the play equipment, and will not claim negligence of Bouncy World, its staff or other guests.

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue **Bouncy World LLC** dba Bouncy World and any of their agents, affiliates, officers, members, employees, and other guests or sponsoring agencies from liability from any and all claim resulting in personal injury, accidents, illnesses, fatality, or property loss.

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

I agree to pay an additional \$15 per hour starting after 15 minutes of the initial 4 hours. **Parent/Guardian Initials:**

By my signature below, I acknowledge that I have read and agree to all statements contained in this document; it includes all names listed below.

CHILD NAME #1	DATE OF BIRTH	WRISTBAND #
CHILD NAME #2	DATE OF BIRTH	WRISTBAND #
CHILD NAME #3	DATE OF BIRTH	WRISTBAND #

Parent/Guardian (Printed Name): _____ (Signature): _____

Address: _____ City/State: _____ Zip: _____

Date: _____ Emergency Contact: _____ Phone #: _____

This section to be completed by Bouncy World Staff Only

Parent Driver's License/Photo Identification number: _____ State: _____

Time In: _____ am/pm Time out: _____ am/pm Employee Initials: _____

Parent's Initials In: _____ Parent's Initials Out: _____