Waiver of Liability and Assumption of Risk Agreement

In Consideration of being allowed to enter the play area and/or Participate in any party and/or program at The Bounz House, LLC the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. 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.
2. I ACKNOWLEDGE, ACCEPT AND ASSUME ALL RISKS AND HAZARDS associated with participation in The Bounz House, LLC activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rule, and verbal instructions as conditions for participation in any party and/or program at The Bounz House LLC.
5. I, for myself and the Participant(s) named below, herby WAIVE, RELEASE AND HOLD HARMLESS the The Bounz House LLC, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies, with respect to any and all claims, injuries, liabilities, or damages (including for negligence) arising out of or related to participation in any activities and/or programs taking place on The Bounz House LLC premises or otherwise associated with The Bounz House LLC, its owners members, officers, employees, equipment manufacturers and sponsoring agencies.
6. I additionally agree to indemnify the independent owner of The Bounz House, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

_____	_____/___/_____	_____	_____/___/_____
Participant Name	Date of Birth	Participant Name	Date of Birth
_____	_____/___/_____	_____	_____/___/_____
Participant Name	Date of Birth	Participant Name	Date of Birth
_____	_____/___/_____	_____	_____/___/_____
Participant Name	Date of Birth	Participant Name	Date of Birth

I agree and understand that this waiver of liability and assumption of risk agreement will extend to all claimed wrongful acts of the released parties to the greatest extent allowed under the law of the state of Arizona, including the negligence of any of the released parties.

_____/___/_____
Participant Parent/Guardian: Print Name Date

_____/___/_____
Participant Parent/Guardian: Signature Date

_____
Address (Street, City, State & Zip Code)

_____ _____
Emergency Contact number Emergency Contact number

_____
Email address
By providing your email we may send you exclusive offers, coupons, current events and news you can use! REV. 5/10