

# THE BOUNCE SPOT PARTICIPATION WAIVER

**\*\*\*MUST BE SIGNED AND BROUGHT TO THE PARTY TO PARTICIPATE\*\*\***

Understanding that all reasonable precautions have been taken to assure that The Bounce Spot (TBS) is as safe as possible, I, as parent, legal guardian, or custodian, understand that the inflatables and activities at TBS have inherent risk and my result in serious injury or even death. I further understand that the activities and inflatables will be shared with other over whom TBS has no control; and I knowingly and freely accept all risks and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS THE BOUNCE SPOT, their principals, officers, owners, employees, equipment manufacturers, sponsors, agents, and other participants, from any and all claims, damages, (including medical expenses and attorney fees), injuries, and expenses arising out of, or resulting from my, or from those for whom I have signed, voluntary participation, including attending a safety lesson prior to entering the play arena; I certify that all participants are physically fit and able to participate in all activities at TBS; and if I become aware of or observe any potentially dangerous condition during my participation, I will notify the nearest employee immediately; and in the event that medical attention is needed for myself, or any of the attendees listed below, I grant permission for basic first-aid and assistance to be administered by The Bounce Spot staff. I agree to release Fun Galaxy, LLC, DBA The Bounce Spot, from all claims damages, injuries and expenses arising out of such assistance, including any claims arising from contact needed to administer assistance.

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent's names: \_\_\_\_\_ Contact Phone #'s: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

I have carefully read the above participation agreement, assumption of risk acknowledgement and release of liability, hereby agree to be bound by it for myself and all minor participants listed above, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover any minors under this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2939 Promenade Street, West Sacramento, CA 95691, (916) 371-2FUN (386)

# THE BOUNCE SPOT PARTICIPATION WAIVER

**\*\*\*MUST BE SIGNED AND BROUGHT TO THE PARTY TO PARTICIPATE\*\*\***

Understanding that all reasonable precautions have been taken to assure that The Bounce Spot (TBS) is as safe as possible, I, as parent, legal guardian, or custodian, understand that the inflatables and activities at TBS have inherent risk and my result in serious injury or even death. I further understand that the activities and inflatables will be shared with other over whom TBS has no control; and I knowingly and freely accept all risks and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE, AND HOLD HARMLESS THE BOUNCE SPOT, their principals, officers, owners, employees, equipment manufacturers, sponsors, agents, and other participants, from any and all claims, damages, (including medical expenses and attorney fees), injuries, and expenses arising out of, or resulting from my, or from those for whom I have signed, voluntary participation, including attending a safety lesson prior to entering the play arena; I certify that all participants are physically fit and able to participate in all activities at TBS; and if I become aware of or observe any potentially dangerous condition during my participation, I will notify the nearest employee immediately; and in the event that medical attention is needed for myself, or any of the attendees listed below, I grant permission for basic first-aid and assistance to be administered by The Bounce Spot staff. I agree to release Fun Galaxy, LLC, DBA The Bounce Spot, from all claims damages, injuries and expenses arising out of such assistance, including any claims arising from contact needed to administer assistance.

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's name: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent's names: \_\_\_\_\_ Contact Phone #'s: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

I have carefully read the above participation agreement, assumption of risk acknowledgement and release of liability, hereby agree to be bound by it for myself and all minor participants listed above, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover any minors under this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
2939 Promenade Street, West Sacramento, CA 95691, (916) 371-2FUN (386)