



## **Bounce Tag: WAIVER OF LIABILITY**

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at/by Bounce Tag.

I, for myself, my child or ward acknowledge and understand that there are dangers and risks associated with the activities at/by BounceTag and agree to assume all risk of personal injury, including the potential for paralysis and death.

I, for myself, my child or ward agree to follow the safety instructions provided and acknowledge that failure to do so may result in expulsion from BounceTag.

I, for myself, my child or ward, and on behalf of my or their heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS BounceTag, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law. I, for myself, my child or ward consent to the publication of pictures which may be taken by BounceTag personnel or their representative. Publication may include but not be limited to; marketing materials and advertising materials for online or offline use.

I understand that this document is a contract and that I have read it thoroughly and understand the terms.

### **Participants Name**

Date of Birth

Age:

Food Allergies:

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### **Participants Name**

Date of Birth

Age

Food Allergies:

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## Parent/Guardian of Child

First Name:

Last Name:

Email:

Phone (Digits Only):

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Address:

City:

State:

Zip:

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Emergency Contact Name If Different From Parent/Guardian:

Contact Relationship:

Contact Phone:

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**Parent/Guardian Signature (Please Sign Below)**

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