

JUMPY JUMP LAND PARTICIPANT WAIVER

In consideration of being allowed to enter the play area and/or participate in any party and/or program at Jumpy Jump of Andover, Kansas, the undersigned, on his/her behalf and the behalf of the participants (s) listed below, acknowledge, appreciate and agree to the following terms and 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 Jumpy Jump. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest employee or official immediately;

I am aware that there are inherent risk associated with participation in Jumpy Jump 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, Wholesale Fireworks Enterprises, LLCm dba Jumpy Jump, 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 your participation in any and all Jumpy Jump programs, activities, parties, the use of the play area and/or inflatable equipment or party area.

1. _____
Participant Name Participant Date of Birth

2. _____
Participant Name Participant Date of Birth

3. _____
Participant Name Participant Date of Birth

4. _____
Participant Name Participant Date of Birth

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Address City, State Zip

Emergency Contact Phone # Alt Emergency Contact Phone #

Name of Adult Bringing Participant(s)
(if different than Parent/Guardian) Mobile Number Where Can Be Reached

Are you here for
 Open Jump Party

If you are here for open jump, will you be using a punch card? Yes No

How did you hear about us?
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