



Birthday Name

Acknowledgement of Risk

In consideration for participation in activities at this JUMP!ZONE facility, I hereby agree as follows:

I understand that participation in JUMP!ZONE activities is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child or ward.

With the full understanding of the risks stated above I, for myself and my child or ward, hereby release, hold harmless Jump Zone, Jump Zone Enterprises Inc, PesantezPuyol, LLC, and the owners, officers, directors and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at this JUMP!ZONE facility.

I agree to reimburse any reasonable attorney's fees and costs that may be incurred by Jump Zone, Jump Zone Enterprises Inc, PesantezPuyol, LLC, in the defense of any such liability claim, demand, action or cause of action. In the event that I file a cause of action against Jump Zone, Jump Zone Enterprises Inc, PesantezPuyol, LLC, I agree to do solely in the state of Florida, and further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, for myself and my child or ward, agree to follow the safety rules of JUMP!ZONE, and agree that the failure of myself, my child or my ward to do so may result in expulsion from JUMP!ZONE. I approve the use of any photographs taken by JUMP!ZONE photographers in which the undersigned is part of to be used on the JUMP!ZONE website or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.

I understand that the staff members are not licensed cosmetologists nor licensed manicurists/pedicurists.

I also understand that not all products used are hypoallergenic.

SAFETY RULES

Socks are always required
No shoes! No bare feet!
Slide one at a time
Elbows up when sliding
No head first! Feet first only!
No jumping or cartwheels on slides
No running, pushing or kicking
No sharp objects or loose jewelry allowed
Eye glasses must be secured at all times
No tumbling or flipping
No food, drinks gum, pets or silly string allowed
Expectant mothers are restricted from the inflatables
No unevenly matched players

CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH
1 _____	5 _____		
2 _____	6 _____		
3 _____	7 _____		
4 _____	8 _____		

Signature of Parent or Legal Guardian

Date

e-mail Address (required)

Printed Name of Parent or Legal Guardian

Phone Number

SOCKS ARE REQUIRED AT JUMP!ZONE