



BIRTHDAY NAME

ACKNOWLEDGMENT OF RISK

We are committed to conducting our programs and activities in the safest possible manner and hold the safety of our participants in the highest possible regard. Participants in recreational programs and activities, however, must recognize the inherent risks of injury associated with such activities or programs. These risks include, without limitation, not only cuts, scrapes and bruises but also more serious injuries such as paralysis and death. Although we have attempted to reduce these risks by adopting rules and regulations applicable to our rides and inflatables, at some level, these rules cannot prevent all injuries. For the foregoing reasons, we require all participants or their parents and/guardians to execute the following waiver and release of claims:

I acknowledge, both on my own behalf and on BEHALF of my child or ward, that I am waiving and releasing all claims against Jump Zone Enterprises Inc.; ARJZ, Inc.; their owners; officers; directors; managers; employees; agents; heirs; successors and assigns ("JUMP!ZONE") arising out of injuries sustained by myself and by my child or ward. This waiver and release applies to claims of any nature, including those arising from the negligent conduct of JUMP!ZONE and its patrons.

Both on my own behalf and on behalf of my child or ward, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my child or ward may sustain as a result of participating in any and all activities connected with or associated with JUMP!ZONE.

Both on my own behalf and on behalf of my child or ward, I fully release and discharge JUMP!ZONE from any and all claims of injuries, including death, damage or loss including loss of or damage to personal property which I or my child or ward may have or which may accrue on account of our participation in the recreational programs and activities at JUMP!ZONE or from the use of any of its facilities.

I further agree to indemnify and hold harmless and defend JUMP!ZONE from any and all claims from injuries, including death, damages, and losses sustained by me, my child, or my ward arising out of, or in any way associated with JUMP!ZONE's activities or programs. In the event that I file a cause of action against JUMP!ZONE, I agree to do so solely in Arkansas and further agree that the substantive law of that state will apply without regard to conflicts of laws 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.

Table with 4 columns: Child's Name, Date of Birth, Child's Name, Date of Birth. Rows 1-4.

Signature of Parent or Legal Guardian, Date, EMAIL Address, Printed Name of Parent or Legal Guardian, Phone Number