Jump!Zone® PARTY ● PLAY CENTERS

Operator Agreement and Acknowledgement of Risk

Birthday Name

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 can occur, 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, and indemnify Jump Zone, JZ Entertainment, LLC, 3 Guys Enterprises 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 defendant in the defense of any such liability claim, demand, action or cause of action. 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 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 AM THE OPERATOR: I, for myself and my child or ward, have read the safety rules, agree to operate an attraction at this facility on the behalf of any attraction participants and enforce all safety rules of JUMP!ZONE, the manufacturer, and comply with the Carnival-Amusement Rides Regulations (New Jersey Administrative Code Title 5, Chapter 14). I agree that the failure of myself, my child or my ward to follow these rules may result in injury or death.

I, the operator, will be engaged in or directly controlling the operations of a carnival-amusement ride. My control of operation shall be as follows:

1. I shall operate only one inflatable ride at a time; 2. I shall be stationed at the exit as well as the entrance. When the exit and entrance are in different locations not easily viewed and controlled from one location I shall insure another operator is helping. 3. I understand that NO SLIDE at Jump!Zone is OVER 15 feet from the top of the sliding surface to the ground per manufactures specifications so an operator shall not be stationed at the top of the slide. 4. I shall not mix small riders with larger riders whose actions could cause injury to the smaller riders. 5. I shall not allow riders to flip. 6. I shall not allow any rider to wear shoes on an inflatable ride. 7. Provisions shall be made to ensure that riders cannot conceal themselves from my view. 8. I shall enforce height restriction for my carnival-amusement ride that is provided on the legible sign in plain view for each carnival-amusement ride.

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

Signature of Parent Operator _____ Date _____ e-mail Address (optional) _____

Printed Name of Parent Operator _____

SOCKS ARE REQUIRED AT JUMP!ZONE