



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 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, Jump Zone Enterprises Inc, JumpZone Niles Inc, 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. In the event that I file a cause of action, I agree to do solely in the state of Illinois, 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 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 that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

YOU ARE THE OPERATOR: I, for myself and my child or ward, have read the safety rules, agree to operate any attraction at this facility on the behalf of any attraction participants and enforce all safety rules of JUMP!ZONE and/or the manufacturer, and agree that the failure of myself, my child or my ward to follow these rules may result in injury or death.

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

e-mail Address (optional)

Printed Name of Parent or Legal Guardian

SOCKS ARE REQUIRED AT JUMP!ZONE