



Release of Liability with Kidz Bounce Activities

In consideration of being permitted by Kid Bounce in its facilities and allowed to participate in a party or program, I agree to the following waiver and release.

By my signature below, I warrant to Kidz Bounce that I am physically fit and know of no medical or health reasons why I should not participate in its activities. I also understand and agree that in consideration of my using the equipment and facilities of Kidz Bounce that there are inherent extreme risks. I agree to assume full responsibility and accept all risks, both known and unknown, even if arising from negligence from employees or other participants with respect to any claims including, but not limited to, actions, injuries, disability, paralysis, death or damage to any person or property. In addition, I agree to pay for all attorney fees, medical expenses, and all other damages from injury to myself or those minors I sign for below.

My signature states that I have carefully read and understood all information about the release of liability and the inherent risks at Kidz Bounce.

| Childs Name | Date of Birth | Relationship |
|-------------|---------------|--------------|
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| | | |

Parent or Guardian Name (Print)

Parent or Guardian (Signature)

Date