WORLD OF BOUNCE, LLC

I,, resi	iding at
(Parent/Legal Guardian)	(Street Address)
(City)	, represent that I am the parent/legal
guardian of the participant(s) listed below, or hat participant(s) listed below to execute this agreer listed below and I, agree to comply with all state	ave obtained permission fro the parent/legal guardian of the ment on their behalf. I acknowledge that the participant(s) ed rules and verbal instructions as conditions for activities, and/or the use of the play area and inflatable
and inflatable equipment may have associated ri	OUNCE, LLC parties, programs, and/or use of the play area isks of injury. I, on behalf of myself and the participant(s) and unknown, including those that may be the result of the
participant(s) listed, hereby release and hold har employees, agents, affiliates, or other participan	ed below along with any persons related to myself or the rmless, WORLD OF BOUNCE, LLC, it's officers, ats from and against any claims, injuries, liabilities, or a participation in any and all WORLD OF BOUNCE, LLC are play area and inflatable equipment.
on the WORLD OF BOUNCE, LLC premises to	listed below, agree to report any and all injuries sustained o management before leaving said premises. Should it be aff at WORLD OF BOUNCE, LLC, to administer first aid to ermission to do so if I am not present.
Date Signature of Parent/Guardian	Emergency Phone
Email Address	Drivers License Number
Participant	Participant's Date of Birth
Participant	Participant's Date of Birth
Participant	Participant's Date of Birth