



Waiver, Release, Hold Harmless, and Indemnification Agreement

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at BounceU the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name	/ /	Date of Birth	Participant Name	/ /	Date of Birth
------------------	-----	---------------	------------------	-----	---------------

Participant Name	/ /	Date of Birth	Participant Name	/ /	Date of Birth
------------------	-----	---------------	------------------	-----	---------------

2. I acknowledge and understand that there are risks associated with participation in BounceU activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at BounceU.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of this BounceU facility, BU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Participant Parent/Guardian: Print Name	/ /	Date
---	-----	------

Participant Parent/Guardian: Signature	/ /	Date
--	-----	------

Address (Street, City, State & Zip Code)

Emergency Contact number	Emergency Contact number
--------------------------	--------------------------

Email address

By providing your email we may send you exclusive offers, coupons, current events and news U can use!