



5041 Robert J. Mathews Parkway, Suite 200, El Dorado Hills, Ca 95762
916-933-9493 - www.Bounceopolis.com

I, _____, located at _____ City _____ Zip _____,
(Parent/guardian signature) (Street Address)

ACKNOWLEDGE that I have voluntarily permitted _____ (hereinafter "Enrollee") Born on
(Child's Name)
(MM/DD/YY) _____ to participate in a Bounceopolis Inc. party and/or activities at Bounceopolis Inc.
(Child's Birth date)

I AM AWARE THAT A BOUNCEOPOLIS PARTY ECT., INVOLVES ACTIVE ACTIVITIES, AND I AM VOLUNTARILY PERMITTING MYSELF & ENROLLEE TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO ENROLLEE, MYSELF OR ANYONE ELSE SIGNING BELOW, THAT MAY RESULT FROM ANY OF OUR PARTICIPATION.

In exchange for Enrollee being permitted by BOUNCEOPOLIS Inc. to participate in these activities and use its facilities, I/we hereby agree that I/we will not make a claim against or sue BOUNCEOPOLIS Inc. or any of its principals, employees, or agents, for injury or damage resulting from the use of the facility or negligence or other acts, howsoever caused, by an employee or agent of BOUNCEOPOLIS Inc. as a result of Enrollee's or my/our participation.

In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS BOUNCEOPOLIS INC., its principals, employees and agents, and to assume full responsibility for any loss or damage for any claim, lawsuit or demand for loss or damage, on account of injury to Enrollee or myself/ourselves, whether caused by the active, passive or sole negligence of BOUNCEOPOLIS Inc., its employees or agents, while Enrollee or myself/ourselves are on the property of BOUNCEOPOLIS Inc., or are participating in any way or any activity at BOUNCEOPOLIS Inc..

Should it be necessary, in the opinion of a member of the staff at BOUNCEOPOLIS Inc., to render first aid and/or assistance to Enrollee or myself/ourselves, I hereby grant permission to the staff of BOUNCEOPOLIS Inc., to render such aid and assistance if I am not present.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING THIS AGREEMENT AND RELEASE, I AGREE TO ALL OF THE ABOVE.

Signed: _____ Print Name: _____ Date: ____ / ____ / ____ Time of Party: _____

Phone number if dropping off: _____