



WAIVER OF LIABILITY

In consideration of being allowed to enter the event/party play area and/or participate in any party and/or program at _____, the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledge, appreciate, and agrees to the following conditions:

I give my permission and accept full responsibility for my Child to participate in the amusement rides and games ("Games") owned and operated by Jumptastic, Inc., a Georgia Corporation ("Company"). As a condition to the child's participation in the "games" and signing this form, I acknowledge and agree as follows: I acknowledge and understand that the operator(s) have advised me of the proper use and possible hazards of the "Games". The child and I are solely responsible for deciding whether or not to participate or to rely upon any instructions, advice, or information received regarding the "Games". I acknowledge that it is not the "Company's" purpose to teach safety before, during or after participation in the "Games". I acknowledge that I am solely responsible for the decision to allow the child to participate in the "Games". I am of legal age and mental competence to knowingly give this acknowledgment and release which shall legally bind me and the Child and our personal representatives, executors, heirs, and assigns.

I HEREBY REALEASE, WAIVE, AND GIVE UP ANY AND ALL CLAIMS, KNOWN AND UNKNOWN, THAT THE CHILD OR I MAY NOW OR LATER HAVE AGAINST JUMPTASTIC, INC., ITS MEMBERS, OFFICERS, OPERATOR(S), AGENTS, REPRESENTATIVES AND/OR SPONSORING PARTIES, INSTITUTIONS, OR AGENCIES RELATED TO ANY ACT, OMISSION, STATEMENT, OR OCCURENCE DURING OR RELATED TO THE "GAMES". CLAIMS FOREVER RELEASED BY ME AND THE CHILD INCLUDE, WITHOUT LIMITATION, LIABILITY FOR DIRECT, INDIRECT, VICARIOUS, CONSEQUENTIAL, AND INCIDENTAL, PERSONAL INJURY, DEATH, ECONOMIC LOSS AND OTHER DAMAGE OR EVERY KIND WHEREVER OR HOWEVER IT MAY OCCUR.

Child's Name

____/____/____
Child's Date of Birth

Child's Name

____/____/____
Child's Date of Birth

Signature or Parent/Guardian

____/____/____
Event Date

Printed Name of Parent/Guardian

Street Address

City, State, ZIP

Emergency Contact Phone #