

Participant Parent/Guardian Signature

Email Address

Super Bounce 3160 Blossom Drive NE, Suite 101, Salem, OR 97305

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 Super Bounce the undersigned, on his or her behalf, and on the behalf of the participants (s) identified below, acknowledges, appreciates, understands, and agrees to the following:

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1. Participants/Parents/Legal Guardia or I have obtained permission from the patheir behalf.				
Participant Name	Date of Birth	Participant Name		Date of Birth
Participant Name	Date of Birth	Participant Name		Date of Birth
2. Assumption of Risk. I fully acknowled Bounce activities and the use of the play contusions, fractures, sprains, scrapes, scope, nature, and extent of the risks in failure/malfunction; defective and/or negvoluntarily, freely, and willingly assumed due to OTHER PARTICIPANTS and humans.	y area and inflatable e cuts, paralysis, suffoc volved in the activities pligent design, and oper the risks associated w	quipment including but no ation, serious disability, o covered by this agreeme eration or use. I, for myse with participation and acce	ot limited to: bodily in r death. I know and ent which include equil If and the participan	njury, disease, understand the uipment t(s) named,
3. Abidance to Rules and Regulations terms, posted safety signs, rules, and ver Bounce.				
4. Exemption and Release from Liabil of kin agree to exempt, release, hold ha affiliates, officers, and employees from a and all claims, injuries, liabilities or dama additionally agree to indemnify Super Board and all losses, claims, actions, or promay and all losses, claims, actions, or promay be presented or initiated by any off the activities covered by this agreement participants or from any other causes. 5. Validity of Waiver. I understand and claim for damages or cause of action agreements like this one have been up to the control of the control o	rmless, and indemnify any and all liability, cla ages arising from the bunce, their predecess m any and all claims, increedings of every kinder person or organizar, whether resulting from agree that if I institute painst any of the Releast Agreement, this Agree held in courts in similar pation. I represent tha	r Super Bounce their predaims, demands and all definegligence and/or other fasors, parent, subsidiaries injuries, liabilities or damand and character, includirations and which arise dire in the negligence and/or easees mentioned because ment can and will be used circumstances.	lecessors, parent, signse cost or expense ault of the above na and affiliates, office ages arising from pang attorney's fees are ectly or indirectly from other fault, either act institutes, any suit of e of injury to my person as evidence in country in the coun	ubsidiaries and se arising from any med or participants. I rs, and employees for rticipation and/or from and expenses, which m my participation in tive or passive, of any or action at law or any son or property, or my urt, and that
head, neck, back or other muscular skel medication that would result in injuries to	o the participants or o	thers.	·	·
7. Applicable Law . I agree that the law construction, interpretation, and validity Agreement between the parties involved	of this Agreement and			
8. Continuation of Obligation. I agree force and effect now and in the future at this Agreement, and shall be binding up conservators, and/or anyone else makin	all times during which on my heirs, executor	n I participate, either directs, administrators, persona	tly or indirectly in the	e activities covered by
9. Acknowledgment . I am of physical a agreement. I hereby execute this agreement.				
Participant Parent/Guardian: Print Name			Emergency Contac	ct Number
Address (Street, City, State & Zip Code)				

By providing your e-mail address, you acknowledge that Super Bounce may communicate and send you e-mail including Special offers and events.

Secondary Emergency Contact Number

Signature Date