

JUMPIN JAX, LLC

Lansing's Largest Inflatable Bounce Arena

Participant Agreement, Acknowledgement of Risk, Covenant Not to Sue, and Release of Liability

By signing this agreement below, I represent that I am the parent or legal guardian of the participant(s) named below corresponding to my signature entry or I have obtained permission from the parent/legal guardian of said participant(s) to execute this agreement of their behalf. I agree that said participants(s) and I shall comply with all rules, posted safety signs, and verbal instructions as conditions for participation in any party and/or activity at Jumpin Jax, LLC; and I, for myself and said participants(s), understand that the inflatables and activities at Jumpin Jax, LLC have inherent risks and my result in serious injury; paralysis or death. I further understand that the inflatables and activities will be shared with others over whom Jumpin Jax, LLC has no control; and I, for myself and said participant(s) and respective heirs, assigns, administrators, personal representatives and next of kin knowingly and freely accept and assume all risks, both known and unknown, even if arising from negligence from other participants or employees and AGREE TO RELEASE, DEFEND, INDEMNIFY, HOLD-HARMLESS AND NOT SUE JUMPIN JAX, LLC its members, principals, employees, officers, owners, agents equipment manufacturers, sponsoring agencies and other participants with respect to any and all claims, injuries, liabilities or damages to the fullest extent of the law. Additionally, I fully agree to pay for all medical costs, and other damages from injury to myself or said minor participant(s) without seeking the reimbursement or recourse from Jumpin Jax, LLC, its members, principals, employees, officers, owners, agents, equipment manufacturers, sponsoring agencies or other participants. I have carefully read this agreement and fully understand its contents, and I freely agree to the terms and conditions it contains.

Parent/Guardian

Guardian Name: _____ Relationship: _____

Signature: _____ Date: _____

Participant Name(s): _____

Parent / Guardian ; e-mail: _____ Phone: _____

Phone: _____