



In Consideration of being allowed to enter the Bounce N Play area and/or participate in any party and/or program at Bounce N Play of Center Moriches, NY, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below 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 Bounce N Play. In addition, if I observe any known hazard during our participation, I will bring it to the attention of a Bounce N Play employee immediately;

I am aware that there are inherent risks associated with participation in Bounce N Play programs, parties, and/or use of the play area and inflatable equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless Bounce N Play of Center Moriches ,NY their affiliates, officers, members, employees, agents other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Bounce N Play programs, parties, activities, and the use of the play area and/or inflatable equipment. Open play waivers are valid for 1 year from signed date.

Participant (child) Name: _____ Date of Birth: _____

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Participant (child) Name: _____ Date of Birth: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

If you're dropping your child off for a party and not staying please leave a contact number: _____

Fill in your e-mail address to receive our special offers: _____