Sport Bounce of Loudoun

_____
Party Name (if applicable)

Liability Waiver / Acceptance of Responsibility of Risk

In consideration for participation in activities at the Ashburn, VA location of Party Bounce of America Inc., (DBA Sport Bounce of Loudoun), 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 obtained 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 class, event and/or program at Sport Bounce of Loudoun. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Sport Bounce employee or official immediately;

I am aware that there are inherent risks associated with participation in Sport Bounce 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; and,

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 Sport Bounce of America, their affiliates, officers, members, agents, employees, 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 Sport Bounce of Loudoun classes, activities, events, the use of the sports arena, inflatable equipment and/or sports equipment.

All siblings may be listed on one sheet.

1)_____
Participant Name Date of Birth

2)_____
Sibling Participant Name Date of Birth

3)_____
Sibling Participant Name Date of Birth

4)_____
Sibling Participant Name Date of Birth

_____
Parent/Guardian Signature Date

_____
Parent/Guardian Printed Name

_____
Emergency Contact Phone # Email (Optional)

44710 Cape Court, #116, Ashburn, VA 20147 703-729-9522