

# big**E**bounce Waiver

In consideration for being allowed to enter the play area and/or participate in any party and/or program that bigEbounce of Cary, NC, 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 party and/or program at bigEbounce. In addition, if I observe any hazard during our participation will bring it to the attention of the nearest bigEbounce employee or official immediately.

I am aware that there are inherent risks associated with participation in bigEbounce 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 bigEbounce of Cary, NC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against and all claims, injuries, liabilities or damages arising out of or related to our participation in and all bigEbounce programs, activities, parties, the use of the play area and/or inflatable equipment.

I also give consent to use any photographs that are taken of my party for promotional material. If I see a photograph used that I do not prefer to be published, I understand that I may simply contact bigEbounce and request that it be removed.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Drop Off: (  ) yes (  ) no Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_