

3267 Research Way #210
Carson City, NV. 89706

**WAIVER and ACKNOWLEDGMENT OF RISK FORM
ON BEHALF OF BOUNCERZ**

I, the undersigned understand and acknowledge that play on an amusement device entails both known and unknown risks including but not limited to: physical injury from falling, slipping, crashing or colliding, emotional injury, paralysis, distress, damage or death to any participant. I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless **Bouncerz, Inc.** any liability, claims, demands, causes or rights of action whether personal to me or a third party, which are in any way contacted with participation in this activity, including those allegedly attributable to negligent acts or omissions.

Should **Bouncerz, Inc.** or anyone acting on behalf **Bouncerz, Inc.** be required to incur attorney's fees and costs to enforce this agreement, I expressly agree to indemnify and hold **Bouncerz, Inc.** harmless for all such fees and costs. In the event I the undersigned or any of my participants file a lawsuit against **Bouncerz, Inc.** it is agreed to do solely in the State of Nevada. I agree that if any portion of the agreement is found to be void or enforceable, the remaining portions shall remain in full force and in effect.

In consideration of being permitted by **Bouncerz, Inc.** to use its equipment and facilities, the undersigned and participants agree to indemnify and hold harmless **Bouncerz, Inc.** from any and all claims which are brought by the undersigned and all their participants and which are in any way connected with such use or participation. A list of Rules and Directions are either displayed on the house/units or in the bounce house areas and have been provided to the undersigned which I agree to follow and utilize at all times during operation and use of the units. I, the undersigned, acknowledge and certify that I have had sufficient opportunity to read the foregoing Waiver and Acknowledgment of Risks. I understand it's content and that I have executed it freely and voluntarily without duress of any kind and agree to the terms herein stated.

Signature of Parent _____ Date _____ Waiver good for one year (initial) _____

Print Name

PRINT CHILD'S NAME _____ DOB: _____

PRINT CHILD'S NAME _____ DOB: _____

PRINT CHILD'S NAME _____ DOB: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE ZIP: _____