

Jump City Inc. jumpcityindoor.com
5889 Queens Avenue NE
Otsego, MN 55330
(763) 777-9444

JUMP CITY INC. WAIVER OF LIABILITY

By completing and signing this form, I understand and agree to the statements presented in the Jump City Inc., waiver that I have just read. I also agree this will serve as my understanding and agreement with Jump City Inc. for all future visits, regardless of nature.

By signing a Jump City Inc. participation waiver as the guardian of named child(s), I understand the potential risks of playing on inflatable play units, some of which include, but are not limited to: Personal injury, disability, and or death.

I understand and assume, as guardian, any and all risks, damage or injury as a result of participation at Jump City Inc.

In agreement for admission, I hereby release, waive, and forever discharge any and all rights to legal recourse regarding participation at Jump City Inc and that of its owners, agents, employees, officers, directors, and/or all other personal entities acting on it's behalf, from any and all claims, damages, liability, actions, costs or expenses including, but not limited to: attorney fees, court fees, or arbitration that may arise out of participation or use of Jump City Inc.'s facility.

I understand that use of Jump City Inc's facility is strictly voluntary, and that by signing a waiver, I agree to abide by this agreement, and release all rights to legal recourse that I may have or possess. I also agree this will serve as my understanding and agreement with Jump City Inc. for all future visits, regardless of nature.

PLEASE PRINT CLEARLY SO THAT WE MAY ACCURATELY ENTER YOUR INFORMATION INTO OUR COMPUTER SYSTEM. THANKS!

PARENT/GUARDIAN LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

PHONE NUMBER (Required): _____

EMAIL(Optional): _____

By including my e-mail address, I agree to receive periodic messages from Jump City Inc. regarding special pricing and general announcements. I may opt out of receiving e-mails at any time.

CHILD'S NAME(S)

FIRST NAME LAST NAME (if different) GENDER m/f BIRTHDATE mm/dd/yy

SIGNATURE _____

DATE _____