

SUPER JUMP PARTY ZONE – LIABILITY WAIVER

South Hill Mall Location

In Consideration of being allowed to enter the play area and/ or participate in any party and/or program at Super Jump Party Zone of Puyallup, WA, 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) names 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 states and customary terms, posted safety signs, rules, and verbal instructions as conditions for participating in any party and/or program at Super Jump Party Zone. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Super Jump Party Zone employee or official immediately;

I am aware that there are inherent risks associated with participation in Super Jump Party Zone 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) names below, and our respective heirs, assigns, administrators, personal, representatives, and next of kin, hereby release and hold harmless, Super Jump Party Zone, LLC, The Cafaro Northwest Partnership, 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 Super Jump Party Zone programs, activities, parties, the use of the play area and/or inflatable equipment.

Participant Name: _____ Participant Date of Birth: _____

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Participant Name: _____ Participant Date of Birth: _____

Participant Name: _____ Participant Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact Phone #: _____ E-Mail: _____

I do not wish to receive any email or information from Super Jump Party Zone, LLC

253-445-6766

SuperJumpPartyZone.com
South Hill Mall
Puyallup, WA

SOCKS REQUIRED