



WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any activities and/or programs taking place on the premises of Bouncing Off the Wall, Inc (the "Company") or otherwise associated with the Company, the undersigned, on his or her behalf, and on behalf of the participant(s) named below, hereby acknowledges, appreciates and agrees to the following:

I represent that I am the parent or legal guardian of the participant(s) named below, or that I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this Agreement on their behalf.

I, for myself and the participant(s) named below, hereby ACKNOWLEDGE, ACCEPT AND ASSUME ALL RISKS AND HAZARDS arising out of or related to participation in any activities and/or programs taking place on the Company premises or otherwise associated with the Company and/or resulting from the negligence of the Company, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies

I, for myself and the participant(s) named below, understand that there are risks associated with the activities at Bouncing Off The Wall, and agree to follow the safety instructions provided to me. I acknowledge that failure to do so may result in serious injury, paralysis, death or dismissal from the facility.

I, for myself and the participant(s) named below, hereby WAIVE, RELEASE AND HOLD HARMLESS the Company, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies, with respect to any and all claims, injuries, liabilities or damages (including for negligence) arising out of or related to participation in any activities and/or programs taking place on the Company premises or otherwise associated with the Company, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies.

I AGREE AND UNDERSTAND THAT THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT WILL EXTEND TO ALL CLAIMED WRONGFUL ACTS OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED UNDER THE LAWS OF THE STATE OF OREGON, INCLUDING THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES.

I understand that if a provision of this Waiver is determined to be unenforceable in any respect, the enforceability of the provision in any other respect and of the remaining provisions of this Waiver will not be impaired.

*Participant Name: _____ Participant Date of Birth: _____ Male/Female?

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*Date: _____

*Parent/Guardian Signature: _____

*Parent/Guardian Printed Name: _____

*Address: _____

*City, State, Zip: _____

*Phone Number: _____

Email Address : _____

(if you'd like to be on our email list for special offers, promotions or updates)

*THIS INFORMATION IS REQUIRED FOR YOUR INFORMATION TO BE ENTERED INTO OUR SYSTEM AND YOUR WAIVER PLACED ON FILE.



Safety Rules

- No flips, wrestling or extreme horseplay allowed while on the equipment
- No climbing or hanging on the outside walls, support columns or roof of the equipment
- Do not bounce or linger on the step or near the doorway of the equipment
- Slide 1 person at a time, feet first on your **BOTTOM ONLY**. No head first sliding or jumping from the top of the slide is permitted at any time
- Children who are too small to slide by themselves are not allowed on the slide
- Arms must be crossed over chest or raised in the air while sliding
- Do not lay down inside the equipment at any time
- Extreme caution should be exercised when bouncing around others. Patrons who are smaller or weigh less than you, can be negatively affected by the bouncing of your body weight

Individuals with head, neck, back or other muscular-skeletal injuries or disabilities, pregnant women, small infants and others who may be susceptible to injury from falls, bumps, or bouncing are **NOT PERMITTED** on or in the unit at any time.

We reserve the right to remove anyone from the equipment who is in violation of our safety rules and procedures. You may be asked to remove your child from the equipment or premises immediately.

I acknowledge that I have read and understand these rules, and agree that the participant(s) named on the reverse side, and I, will abide by them at all times. I understand that it is ultimately my responsibility to enforce these rules with them, and by not doing so put them at risk of injury, paralysis or even death.

Print Name

Signature

Date