As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at The Bounce Factory, Inc. the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. 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.
2. I acknowledge and understand that there are risks associated with participation in The Bounce Factory, Inc. activities and use of the laser tag and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, 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 The Bounce Factory, Inc.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of The Bounce Factory, Inc. facility, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of The Bounce Factory, Inc. facility, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

PARTICIPANT NAME _____ DATE OF BIRTH ___/___/___

PARTICIPANT NAME _____ DATE OF BIRTH ___/___/___

PARTICIPANT/PARENT/GUARDIAN PRINT NAME _____

EMAIL ADDRESS _____

By providing your email we may send you exclusive offers, coupons, current events and news from The Bounce Factory

PARTICIPANT/PARENT/GUARDIAN SIGNATURE _____ DATE ___/___/___

By signing this form, I acknowledge and accept the terms and conditions of this waiver for myself and those named on the waiver. Additionally, I am requesting that The Bounce Factory, Inc. keep this waiver on file and active for a period of twelve (12) months from the date signed. I acknowledge and accept the terms and conditions of this waiver for any and all future visits to The Bounce Factory, Inc. during this twelve (12) month period.

150 Mt.Bethel Rd. Warren, NJ 07059
(908) 647-JUMP
bouncefactorynj.com

Waiver and socks required

Please complete the waiver and bring it with you about 15 minutes prior to party time.
We will NOT allow participation without a signed waiver on record.
DON'T FORGET TO WEAR SOCKS!