

Acknowledgment of risk, release of liability, and participant agreement — Sky City Bounce House, Inc.

Understanding that all reasonable precautions have been taken to assure that Sky City Bounce House is as safe as possible, I understand that the inflatable and activities at Sky City Bounce House have inherent risk and may result in serious injury, paralysis or death. I further understand that the activities and inflatable's will be shared with others over whom Sky City Bounce House has no control and that while party host assistance is provided, individualized guest supervision is not provided; and

I, as a parent, legal (court-appointed) guardian or custodian, knowingly and freely accept and assume all risks, both know and unknown, and Agree To Release, Defend, Indemnify, Not Sue, And Hold Harmless Sky City Bounce House, Inc., their principals, officers, owners, shareholders, employees, equipment manufactures, sponsors, agents and other participants, from any and all claims, damages, (including medical expenses and attorneys' fees), injuries (including disabilities, paralysis and death) and expenses arising out of, or resulting from my voluntary attendance/participation at Sky City Bounce House, Inc. or the voluntary attendance/participation of those for whom I have signed below.

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. I agree that the participant(s) named below 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 Sky City Bounce House. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Sky City Bounce House employee or official immediately.

I, as parent, legal (court appointed) guardian or custodian, have carefully read the above participation agreement, assumption of risk acknowledgment and release of liability, hereby agree to be bound by it for myself and all minor participants listed below, and understand its contents. I have permission from the minor's family or other responsible party to cover minor under this agreement; and

In the event that medical attention is needed for myself, or any of the attendees listed below, I grant permission for basic first aid and assistance to be administered by Sky City Bounce House staff. In the event that advanced first aid is require, Sky City Bounce House will call 911 and I authorize medical care to be administered as required by a trained medical professional. I agree to release Sky City Bounce House from all claims, damages, injures and expense arising out of such assistance, including any claims arising from contact needed to administer assistance.

Participant Name: _____ Participant DOB: ____ / ____ / ____

Participant Name: _____ Participant DOB: ____ / ____ / ____

Parent/Guardian or
Participant (if over 18 years of age) Signature: _____ Date: ____ / ____ / ____

E-mail Address: _____

Address: _____ City: _____ CA, Zip: _____

Emergency Contact Phone # (_____) _____

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