



204 Passaic Avenue, Fairfield, New Jersey 07004 : FAX (973) 794-5260

**In Consideration of being allowed to enter the play area and/or participate in any party and/or program at JUMPnasium dba BT Enterprises, LLC ,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) 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 JUMPnasium. Any child that has a medical condition that could inhibit hem from playing/jumping should not participate in any open jumps, fundraisers, activities, parties and or use of play area. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest JUMPnasium employee or official immediately; I am aware that there are inherent risks associated with participation in JUMPnasium open jumps, fundraisers, activities, 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) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, JUMPnasium dba BT Enterprises, LLC, 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 JUMPnasium open jumps, fundraisers, activities, parties, the use of the play area and/or inflatable equipment.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Acknowledgment

The undersigned Parent/guardian acknowledges

Parent Guardian/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Contact phone # \_\_\_\_\_

Email Address: \_\_\_\_\_