
BOUNCE HOUSE WAIVER FORM

Each participant must have a waiver form signed, either by a parent/legal guardian or designated representative by parent/guardian. Without the signed waiver, the person **WILL NOT** be able to bounce/participate in the bounce house.

Parent/Guardian's Name

FIRST NAME

LAST NAME

Child's Name

FIRST NAME

LAST NAME

- I am the parent/guardian of the child stated above.
- I voluntarily elect for my child to participate in the playing in the bounce house.
- I fully understand this involves jumping on an air-filled entertainment toy, bounce house.
- I fully understand the health and safety risks associated with these types of activities. Hilltop Beginning Preschools, LLC. is not responsible for any accidents and or injury that may occur while bouncing in the bounce house. I, therefore, assume all risk of injury associated with this event. I will not hold Hilltop Beginnings Preschool, LLC., it's owners (Katie Huckleberry & Suzanne Jones), or anyone affiliated with its Management, liable for any circumstances of this event.
- I hereby confirm that my child is in good physical condition and does not suffer from any disabilities or physical conditions that place him/her or others at risk or otherwise physically inhibit participation in this event.
- By this waiver and release, I acknowledge that I have read, understand, and fully agree to the terms of this waiver and release and it's contents. My signature is proof of my intent to execute a complete and unconditional waiver and release of all liabilities in force under the law.

Parent/Guardian's Name

Date (DD/MM/YYYY)

Parent/Guardian's Name Signature

Phone Number