



www.BouncinAround.org
 Forney's Premiere Party Facility specializing in
 "All Inclusive"
 Bounce, Theme and Tea Parties

9558 Helms Trail, Suite 800, Forney
 (I-20 at Helms Trail, next to Shell Station)
 972 564-4494

All participants must have a signed waiver and
 wear socks at all times. Waiver printed on back

Is Celebrating a Birthday When:

At Bouncin' Around Party Center, LLC
 Please RSVP to:



I'm Having A
 Bounce Party,
 And You're Invited

EACH PERSON MUST HAVE SIGNED WAIVER TO JUMP!
 WAIVER OF LIABILITY

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at by Bouncin' Around, LLC.
 I, for myself, my child or ward acknowledge and understand that there are dangers and risks associated with the activities at by Bouncin' Around, LLC and agree to assume all risk of personal injury, including the potential for paralysis and death.
 I, for myself, my child or ward agree to follow the safety instructions provided and acknowledge that failure to do so may result in ejection from Bouncin' Around, LLC.
 I, for myself, my child or ward, and on behalf of my or their heirs, assigns, personal representatives and next of kin, Herby Hold harmless Bouncin' Around, LLC, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law.
 I, for myself, my child or ward consent to the publication of personal pictures, which may be taken by Bouncin' Around, LLC personnel, their representatives or equipment. Publication may include, but is not limited to marketing materials, and websites.
 I understand this document is a contract. I have read it thoroughly. I understand and agree to the terms and conditions it contains.

Child's Name _____ Age _____ Gender _____ Date of Birth _____

Parent/Guardian (Printed) _____ Relationship _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____

Date of Consent / / _____