1600 North Milwaukee Ave (Route 83) Lake Villa, IL 60046 Phone: 847-838-3644, Fax: 847-239-7657

www.bellasbounciesindoors.com

Phone Number: Home:

Email address (please print clearly): \_\_\_\_

## PARTICIPANT'S AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

I acknowledge that I, my child, or any other minor accompanying me, participates in inflatable or interactive amusement games and activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to my child or me. I herby expressly release, forever discharge, and agree to indemnify and hold harmless Bella's Bouncies, Inc. from any and all claims, demands, or causes of action which are in any way connected with me or my child's participation in this activity. Should Bella's Bouncies, Inc. or anyone acting on Bella's Bouncies, Inc behalf be required to incur attorney fees and costs to enforce this



agreement, I expressly agree to indemnify and hold Bella's Bouncies, Inc harmless for all such fees and costs. In the event that I file a lawsuit against Bella's Bouncies, Inc., I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules and that state. I agree that the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. In consideration of me or my child being permitted by Bella's Bouncies, Inc. to participate in its activities and to use its equipment, I further agree to indemnify and hold harmless Bella's Bouncies, Inc. from any and all claims which are brought by or on behalf of my child and which are in any way connected with such use of participation by my child.

Participant(s):					
r artioiparit(o).	Name	Date of Birth	Name		Date of Birth
	Name	Date of Birth	Name		Date of Birth
Address:			_ City:	State:	_ Zip:
Parent/Guardian	Signature:	Date:			
Parent/Guardian	Printed Name:please print clearly				
Phone Number:	Home:		Mobile:		
Email address (p	olease print clearly):				
Lake Villa, IL 6 Phone: 847-83 www.bellasboo  PA I acknowledge t amusement gam injury, paralysis, indemnify and h are in any way anyone acting o agreement, I exp Bella's Bouncies without regard tc state. I agree th consideration of indemnify and h	waukee Ave (Route 83) 10046 18-3644, Fax: 847-239-7657 2000 2000 2000 2000 2000 2000 2000 20	ng me, participal risks that could ressly release, fall claims, dema this activity. Slincur attorney facies, Inc harmleois, and I furthethat the state she void or unenfouncies, Inc. to pancies,	ates in inflatable or interactive of result in physical or emotions or ever discharge, and agree to ands, or causes of action which nould Bella's Bouncies, Inc. of ees and costs to enforce the ess for all such fees and costs or agree that the substantive hall apply in that action without or ceable, the remaining portion participate in its activities and	al to the confidence of the co	all apply in that action ict of law rules of that ull force and effect. In ent, I further agree to
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	Name	Date of Birth	Name	0	Date of Birth
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Parent/Guardian	Signature:		_ Date:		
Parent/Guardian	Printed Name:please print clearly				