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

Address:

Parent/Guardian Signature: ______
Parent/Guardian Printed Name: ____

Phone Number: Home:

Email address (please print clearly):

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 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):						
	Name		Date of Birth	Name		Date of Birth
	Name		Date of Birth	Name		Date of Birth
Address:				_ City:	State:	_ Zip:
Parent/Guardian	n Signature:				Date:	
Parent/Guardiar	n Printed Name:	please print clearly				
Phone Number:	Home:			Mobile:		
Email address (please print clear	ly):				
I acknowledge known and unal forever discharg any way connec required to incu fees and costs. substantive law action without r	that I, my child, on ticipated risks the ge, and agree to incited with me or more attorney fees are In the event that of that state shapegard to the con	PARTICIPANT'S AGREEM or any other minor accompanying at could result in physical or employed and hold harmless Being child's participation in this agreement of the costs to enforce this agreement of the lawsuit against Bella's Bel	ENT, RELEAS ng me, participa notional injury, p ella's Bouncies, tivity. Should Be ent, I expressly Bouncies, Inc., I gard to the contagree that if an	ates in inflatable or inter aralysis, death or dam lnc. from any and all control ella's Bouncies, Inc. or agree to indemnify and agree to do so solely in flict of law rules and the agrey portion of this agre	TID G C TION OF RISK eractive amusement games age to my child or me. I hert laims, demands, or causes of anyone acting on Bella's Bod hold Bella's Bouncies, Inc in the state of Illinois, and I feat state. I agree that the state ement is found to be void of	and activities entails by expressly release, of action which are in nuncies, Inc behalf be harmless for all such further agree that the ate shall apply in that or unenforceable, the
activities and to on behalf of my	use its equipmer	in full force and effect. In consid nt, I further agree to indemnify a are in any way connected with su	nd hold harmles	s Bella's Bouncies, Inc		
Participant(s):	Name		Date of Birth	Name		Date of Birth
	Name		Date of Birth	Name		Date of Birth

_____ City: _____ State: _____ Zip: _____

Mobile: _____

____ Date: ____