

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



**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 hereby 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): \_\_\_\_\_  
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 (please print clearly): \_\_\_\_\_

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