



Birthday Name

Acknowledgment of Risk

In consideration for participation in activities at this JUMP 4 FUN facility, I hereby agree as follows:

I understand that participation in JUMP 4 FUN activities is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants), for myself and my child.

With the full understanding of the risks stated above I, for myself and my child or ward, hereby release, hold harmless JUMP 4 FUN, LLC, and the owners, officers, directors, and managers of said entity, and their heirs, successors and assigns, in connection with the participation of myself, my child or ward in activities at the JUMP 4 FUN facility.

I agree to reimburse any reasonable attorney's fee and costs that may be incurred by JUMP 4 FUN, LLC in the defense of any such liability claim, demand, action or cause of action. In the event that I file a cause of action against JUMP 4 FUN, LLC I agree to do solely in the state of Missouri, and 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.

I, for myself and my child or ward, agree to follow the safety rules of JUMP 4 FUN, and agree that the failure of myself, my child or my ward to do so may result in expulsion from JUMP 4 FUN. I approve the use of any photographs taken by JUMP 4 FUN photographers in which the undersigned is part of to be used on the JUMP 4 FUN website or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child that I have the express permission of the child's legal parent or guardian.

Child's Name	Date of Birth	Child's Name	Date Of Birth
1 _____	_____	5 _____	_____
2 _____	_____	6 _____	_____
3 _____	_____	7 _____	_____
4 _____	_____	8 _____	_____

Signature of Parent or Legal Guardian Date e-mail Address (optional)

Print Name of Parent of Legal Guardian

SOCKS ARE REQUIRED AT JUMP 4 FUN