



WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration for participation in activities at the Extreme Fun Bounce House locations, (DBA Extreme Fun), the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

- I, for myself, my child or ward certify that participant(s) is/are physically fit to participate in any and all activities at Extreme Fun.
- I, for myself and child knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants. I assume full responsibility for all participants within my care when entering Extreme Fun. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and my responsible parties and participants.
- I, for myself, my child or ward, and on behalf of my or their heirs, assigns, personal representative and next of kin, HEREBY HOLD HARMLESS Extreme Fun LLC, and Macomb/Lansing Mall, their officers, agents, employees, equipment manufacturers, sponsoring agencies, and other participants with respect to any and all 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 Extreme Fun LLC and Macomb/Lansing Mall. Publications may include but not be limited to marketing materials and website.

Parent/Guardian cannot leave child in play land without someone staying with child.

I understand that this document is a contract and that I have read it thoroughly, understand, and agree to the terms. By signing below, I, for myself, my child or ward willingly agree to the contract.

All siblings may be listed on one sheet.

1) _____
Participant Name Date of Birth

2) _____
Sibling Participant Name Date of Birth

3) _____
Sibling Participant Name Date of Birth

4) _____
Sibling Participant Name Date of Birth

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Emergency Contact Phone # Email (Optional)