



1821 Whitehead Rd
Baltimore MD 21207

MAKHAM GROUP LLC

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www.bouncerusmd.com

In consideration of being allowed to enter the play areas and /or participate in any party and/or program at BOUNCE R US party place, the undersigned, on his or her behalf, and on the behalf of the participant(s) and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs rules and verbal instructions as conditions for participation in any party and/or program at BOUNCE R US party place. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest BOUNCE R US party place employee or official immediately:

I am aware that there are inherent risks associated with participation in BOUNCE R US party place programs, parties and/or use of the play areas and inflatable equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants: and,

I for myself and the participant(s) named below, and or respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, MAKHAM GROUP LLC. And its officers, employees, other participants and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all BOUNCE R US party place programs, activities, parties, the use of the play area(s) and /or inflatable equipment.

Participant Name: _____ Date of Birth ____/____/____
Participant Name: _____ Date of Birth ____/____/____

Parent/ Guardian Signature: _____ Date: _____
Parent / Guardian Printed Name: _____

Address: _____
City: _____ State: _____ Zip _____

Emergence Contact Phone# _____