

LEAPING LIZARDS PARTICIPANT'S AGREEMENT, RELEASE AND ASSUMPTION OF RISK

PLEASE PRINT LEGIBLY

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned hereby acknowledges and agrees that he/she is the parent, legal guardian or adult authorized with the care, supervision and authority of the participant(s) listed above. As such, I understand that all reasonable precautions have been taken to assure that KBCCL Industries, LLC dba Leaping Lizards (hereinafter "Leaping Lizards") is as safe as possible, and I acknowledge that the inflatables and activities at Leaping Lizards have inherent risks that may result in injury or harm to me or the minors in my supervision, control and care. I, for myself, my guests, invitees, minors in my company, or under my care, supervision or authority, sign this Waiver and Assumption of risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at or by Leaping Lizards.

I, for myself, my guests, invitees, minors in my company, supervision or under my care or authority knowingly accept and assume all risk both known and unknown, and hereby waive, release, defend, indemnify, and hold harmless Leaping Lizards, its principles, members, officers, owners, agents and employees harmless from any and all claims, injuries, suits and/or damages related to my negligence, any and all injuries that may be sustained by me or any minors in my company, care or supervision and/or those acts, errors, and omissions of any and all minors in my company, care, supervision or authority or in the company of my guests.

I, for myself, my guests, invitees, minors in my company, or under my care or authority agree to follow the safety rules of Leaping Lizards and acknowledge failure to do so may result in expulsion from Leaping Lizards.

I, for myself, my guests, invitees, minors in my company, or under my care or authority agree that all participants must wear socks at all times.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please do NOT add me to Leaping Lizards mailing list to receive special offers via e-mail.