

**Must Sign**

# LSBT Waiver Form

**To Enter**

In consideration of being allowed to enter and/or participate in any program or party at Lone Star Bounce Town LLC, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, understands, and agrees to the following conditions and circumstances:

I signify that I am the parent and/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 to carry out this agreement on their behalf. I agree that the participant(s) named below and I shall act in accordance with all stated, customary, and expected terms, posted safety signs, rules, and verbal directives as conditions for participation in any program or party at Lone Star Bounce Town LLC. In addition, if I observe any hazard or danger during our visit, I will immediately bring it to the attention of the nearest Lone Star Bounce Town LLC employee or official.

I understand that there are risks associated with participation in Lone Star Bounce Town LLC programs, parties, and/or use of the play area and inflatable equipment and I, on behalf of myself and the participant(s) named below, knowingly and voluntarily take on all such risks, both known and unknown, including those that may take place out of the negligence or carelessness of other participants; and,

I, for myself and the participant(s) named below, and our heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Lone Star Bounce Town LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages stemming from or related to our participation in any and all Lone Star Bounce Town LLC, programs, parties, activities, the use of the play area and/or inflatable equipment.

I have carefully read this agreement and release of liability and fully understand its contents. By signing this agreement and release, I agree to all of the above.

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_