

Please fill out in full and sign the following waiver so your child may participate in the activities:  
**In consideration of being allowed to enter into the play area and/or participate in any party and/or program at the Fun and Party Zone (FPZ) of Spring Hill, TN the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:**



I, the parent/legal guardian of the participant(s), agree that the participant(s) and I shall comply with the stated and customary terms, rules, and conditions for participation in any party and/or program at FPZ. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; I am aware that participation in FPZ programs, parties and/or use of the play area and inflatable equipment creates a risk of injury, and I, on behalf of myself and the participant(s), knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and, I, for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, FPZ, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all FPZ programs, activities, parties, the use of the play area and/or inflatable equipment.

**By signing below, I am acknowledging that I have read and agree to the above terms and conditions:**

**Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl      **Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl  
**Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl      **Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl  
**Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl      **Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl

**e-mail:** \_\_\_\_\_

(If you give us your e-mail address we can send you birthday discounts or special offers)

**Street Address & Zipcode:** \_\_\_\_\_

*We do not use your address info for any mass mailings nor do we sell or trade it. It is only for our insurance records. Thank you.*

**Date:** \_\_\_\_\_  OPEN BOUNCE?       **Party?**      **Your Relationship to above children?** \_\_\_\_\_

Party Child's Name: \_\_\_\_\_      **Your Name:** \_\_\_\_\_

**Your Phone #** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Alt Phone #** \_\_\_\_\_

This form must be **completely** filled out for each participant and **must include a valid phone #.**

Please fill out in full and sign the following waiver so your child may participate in the activities:  
**In consideration of being allowed to enter into the play area and/or participate in any party and/or program at the Fun and Party Zone (FPZ) of Spring Hill, TN the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:**



I, the parent/legal guardian of the participant(s), agree that the participant(s) and I shall comply with the stated and customary terms, rules, and conditions for participation in any party and/or program at FPZ. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; I am aware that participation in FPZ programs, parties and/or use of the play area and inflatable equipment creates a risk of injury, and I, on behalf of myself and the participant(s), knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and, I, for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, FPZ, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all FPZ programs, activities, parties, the use of the play area and/or inflatable equipment.

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**Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl      **Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl  
**Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl      **Child** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Boy/Girl

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Party Child's Name: \_\_\_\_\_      **Your Name:** \_\_\_\_\_

**Your Phone #:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Alt Phone #** \_\_\_\_\_

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