



# Bounce House Waiver

PLEASE READ THE FOLLOWING carefully before signing this waiver of liability.

On behalf of all children attending my child's birthday party and who are in my care using the inflatable bounce house, I acknowledge and agree to the terms and conditions of this waiver as identified below:

Initial:

\_\_\_\_\_ I acknowledge and understand that there are risks, both known and unknown, associated with using the inflatable bounce house, including but not limited to physical injury, emotional injury, and distress.

\_\_\_\_\_ I, and the children in my care, who will use the inflatable bounce house activities are physically, mentally, and emotionally fit to participate in such activities.

\_\_\_\_\_ I agree that should any children be dropped off in my care for use of the inflatable bounce house, I will inform them to follow all rules of participation and will trust their judgment in their safe participation.

I understand the Northeast Texas Children's Museum staff is not responsible in their safe participation.

\_\_\_\_\_ I agree that the children in my care shall comply with all rules and safety procedures as stated on the sign in front of the bounce house as well as verbal instructions as conditions for participation in using the inflatable bounce house.

\_\_\_\_\_ I, on behalf of myself, my children, my family members, children in my care, and my guests, knowingly and freely assume all risks of injury and agree to hold harmless the Northeast Texas Children's Museum, its owners, managers, agents and employees with respect to any claims, demands, causes or rights of action, even if arising from the actions, acts of omission or negligence of said entities or individuals.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THOSE FOR WHOM I HAVE ASSUMED RESPONSIBILITY. BY MY SIGNATURE, I FREELY AND VOLUNTARILY AGREE TO THESE TERMS.

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature