



**In Consideration of being allowed to enter the play area and/or participate in any party and/or program at Fun Zone Amusements INC. of Three Way, TN, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:**

I represent that I am the parent or legal guardian or immediate family member of the participant(s) named below, and I have obtained permission from the parent/legal guardian of the participant(s) named below to 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 Fun Zone Amusements INC. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Fun Zone Amusements INC. employee or official immediately;

I am aware that there are inherent risks associated with participation in Fun Zone Amusements INC. 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 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 our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless and agree to indemnify, Fun Zone Amusements INC., 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 our participation in any and all Fun Zone Amusements INC. programs, activities, parties, the use of the play

\_\_\_\_\_  
PARTICIPANT #1 NAME

\_\_\_\_\_  
PARTICIPANT #2 NAME

\_\_\_\_\_  
PARTICIPANT #1 DATE OF BIRTH

\_\_\_\_\_  
PARTICIPANT #2 DATE OF BIRTH

\_\_\_\_\_  
PARTICIPANT #3 NAME

\_\_\_\_\_  
PARTICIPANT #4 NAME

\_\_\_\_\_  
PARTICIPANT #3 DATE OF BIRTH

\_\_\_\_\_  
PARTICIPANT #4 DATE OF BIRTH

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GAURDIAN PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMERGENCY CONTACT PHONE #

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
EMAIL