



VERNFIELD ELEMENTARY NIGHT AT JUMPIN JACKS!!

Friday, November 10th 6:00pm-8:00pm

\$10 per child. Pay at the door. Cash or credit cards accepted.

Jumpin Jack's will donate 30% of each admission pass to Vernfield Home & School! All children must have a completed release to jump. The release is on the back of this flyer. Socks are required to jump. Baked goods will be for sale in the lobby. Make it a fun family night out while supporting your school!!

Please contact Sara Landis with any questions at 215-256-1368 or slandis28@yahoo.com



Agreement and Release

Jumpin Jacks Inflatables, LLC

In Consideration of being allowed to enter the play area and/or participate in any party or program at Jumpin Jacks Inflatables, LLC, the undersigned, on his or her own behalf, and on behalf of the participant(s) identified below (hereinafter the "Participants"), acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the Participant(s). I agree that the Participant(s) 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 Jumpin Jacks Inflatables, LLC. If I observe any hazard during our participation, I will bring it to the attention of the nearest employee or staff member immediately.

I am aware that there are inherent risks associated with participation in programs, parties and/or use of the play area and inflatable equipment. These risks include, but are not limited to death, serious injury, and property loss. I, on behalf of myself, and the Participants, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the (i) negligence or carelessness on the part of the persons or entities being released and other participants, and/or (ii) dangerous or defective equipment. I, on behalf of myself, and the Participant(s), waive all claims for damage to person or property arising from participation in activities and/or from my presence and the presence of the Participant(s) in the play area at Jumpin Jacks Inflatables, LLC.

I, on behalf of myself and the Participant(s), certify that we are physically fit and may participate in the activities available at Jumpin Jacks Inflatables, LLC and have not been advised otherwise by a qualified medical person.

I, for myself and the Participant(s), and our respective heirs, assigns, executors, administrators, personal representatives, and next of kin, hereby release and hold harmless Jumpin Jacks Inflatables, LLC, their affiliates, successors, assigns, officers, members, agents, employees, other participants, and sponsoring agencies (hereinafter "Released Parties") from and against any and all claims, liabilities, legal actions, damages, or any personal injury to the undersigned and/or Participant(s) or loss of property to the undersigned or the Participant(s) arising out of or related to our participation in any and all Jumpin Jacks Inflatables, LLC programs, activities, parties, and the use of the play area and/or inflatable equipment, or our presence in the play area (hereinafter "Jumpin Jacks Inflatables, LLC programs").

I, for myself and the Participant(s), further agree to indemnify and hold harmless the Released Parties from any and all claims and legal actions for any personal injury to the undersigned and/or the Participant(s) and/or the loss of property to us and for any injury to other persons or damage or other property which results from the participation of the Participant(s) in the Jumpin Jacks Inflatables, LLC programs.

I, for myself and the Participant(s), acknowledge that this Release and Waiver of Liability form will be used and relied upon by the Released Parties, that it will govern my and the Participants' actions and rights and will remain effective for a period of one year from the date it is signed and will apply to future visits to Jumpin Jacks Inflatables, LLC and participation in their programs.

The undersigned, intending to be legally bound, voluntarily have signed this Agreement and Release on the date set forth below. **PLEASE READ THIS ENTIRE AGREEMENT AND RELEASE BEFORE SIGNING.**

Participant Name: _____ Participant Date of Birth: _____

Participant Name: _____ Participant Date of Birth: _____

Parent/Guardian Signature: _____ Today's Date: _____

Parent/Guardian Printed Name: _____

Address: _____ Emergency Contact Phone: _____