



Phone: 912.961.8797
Victory Drive Shopping Plaza
2123 E. Victory Dr. Savannah GA 31404
www.bouncing-angels.com

Bouncing Angels Signature Waiver Release Form

In consideration of being allowed to enter into the play area and/or participate in any party and /or program at KINDAS Bouncing Angels LLC, DBA Bouncing Angels 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 KINDAS Bouncing Angel, LLC DBA Bouncing Angels. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest official immediately; I am aware that participation in KINDAS Bouncing Angels, LLC DBA Bouncing Angels, 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 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 KINDAS Bouncing Angels, LLC, DBA Bouncing Angels, Bouncing Angels and Bouncing Angels Management, 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 KINDAS Bouncing Angels, LLC, DBA Bouncing Angels programs, activities, parties, the use of the play area and/or inflatable equipment.

Date

First Visit? Yes ____ No ____
How do you know about us? _____

Parent/Guardian Signature

Print Parent/Guardian Name

Email Address (optional)

Phone Number

_____/____/_____
Participant Name and Date of Birth

_____/____/_____
Participant Name and Date of Birth

_____/____/_____
Participant Name and Date of Birth

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Participant Name and Date of Birth

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Participant Name and Date of Birth

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Participant Name and Date of Birth

_____/____/_____
Participant Name and Date of Birth

I do not wish to receive emails regarding Bouncing Angels or KINDAS Amusement Source