

# RELEASE OF LIABILITY

## READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Inflatable Bounce Units, organized by InflataPalooza and \_\_\_\_\_, both referred to herein as: ("Party Hosts"), and/or use of the property, facilities and services of Party Hosts, I agree for myself and (if applicable) for the members of my family, to the following:

- I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Party Hosts, or the employees, representatives or agents of Party Hosts.
- I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for any form of personal injury to myself and (if applicable) my family members, and further release and discharge Party Hosts for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Party Hosts, whether caused by the fault of myself, my family, Party Hosts or other third parties.
- I agree to indemnify and defend Party Hosts against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Party Hosts.
- I agree to pay for all damages to the facilities or inflatable equipment of Party Hosts caused by my or my family's negligent, reckless, or willful actions.
- Any legal or equitable claim that may arise from participation in the above shall be resolved under Utah law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS FOR MYSELF AND (IF APPLICABLE) THAT OF THOSE OF MY FAMILY I SIGN FOR.

*(This form must be completed by legal guardian or parent if participant is a minor of age 18 and younger)*

Adult Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Minor Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Relation: \_\_\_\_\_  
Minor Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Relation: \_\_\_\_\_  
Minor Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Relation: \_\_\_\_\_  
Minor Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Relation: \_\_\_\_\_  
Minor Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Relation: \_\_\_\_\_

**Adult Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

In case of an emergency, please call \_\_\_\_\_ (Relationship: \_\_\_\_\_)  
At \_\_\_\_\_ Ext. \_\_\_\_\_ (Day), or \_\_\_\_\_ Ext. \_\_\_\_\_ (Evening).