PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Always Jumping Inflatables LLC their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AJI" I hereby agree to release, indemnify, and discharge AJI, on behalf of AJI myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Inflatables Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; colliding with others; strains, sprains, broken bones and musculoskeletal injuries including head, neck, and back injuries; cuts, abrasions, rope burns, bruises; cardiac related illness; heat exhaustion, heat stroke; falling off of or being thrown from the inflatable; the negligence of other visitors, participants, or other persons who may be present; equipment failure; my own physical condition, and the physical exertion associated with this activity; transmissible pathogen or disease; operator error; my In any event, if you or your child is injured, any medical assistance will be at your own expense.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AJI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of AJI equipment or facilities, including any such claims which allege negligent acts or omissions of AJI
- 4. Should AJI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against AJI, I agree to do so solely in the state of Louisiana, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against AJI on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I also agree that this document is valid for subsequent visits and participation at AJI. I have read and understood it, and I agree to be bound by its terms.

DOB

Phone Number

Date:

Print Name

Parent or Guardian:

Address			_City
State	Zip	<u>E</u> mail_	
			Date
or i muorpuni_		ARDIAN'S ADDITIONAL	
	(Must be con	npleted for participants und	er the age of 18)
In consideration of the fo	llowing minor(s): (print na	me(s)and DOB(s))	
• •	aims which are brought by	• •	facilities, I further agree to indemnify and hold harmless and which are in any way connected with such use or

Print Name: