

THE HOP PARTY STOP, INC.

In consideration of being allowed to enter the play area and/or participate in any party and/or program at The Hop Party Stop Inc., 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 of the participant(s) named below, or 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 The Hop Party Stop Inc. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest The Hop Party Stop Inc employee or official immediately.

I am aware that there are inherent risks associated with participation in The Hop Party Stop 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, The Hop Party Stop Inc, The Hop Party Stop Inc. management and their affiliates, officers, members, agents, employees, and 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 The Hop Party Stop Inc programs, activities, parties, the use of the play area and/or inflatable equipment.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Date of Birth

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Emergency Contact Phone #

\_\_\_\_\_  
Email (optional)