



All guests must have a signed release form (on back) to participate!

**AT BOUNCE  
HARTLAND SPORTS CENTER**

TIME:

DATE:

A PARTY FOR:



**Release Form**

Parent/s Name/s \_\_\_\_\_  
 Child's Name/s \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address (street) \_\_\_\_\_  
 (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_  
 Phone \_\_\_\_\_

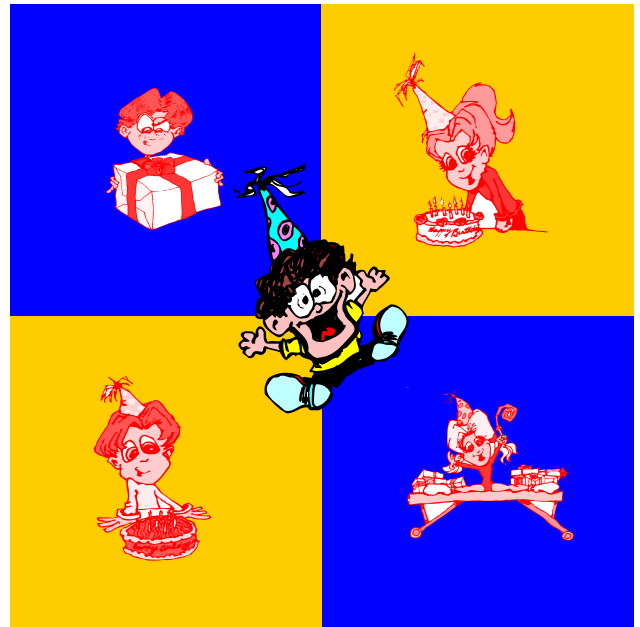
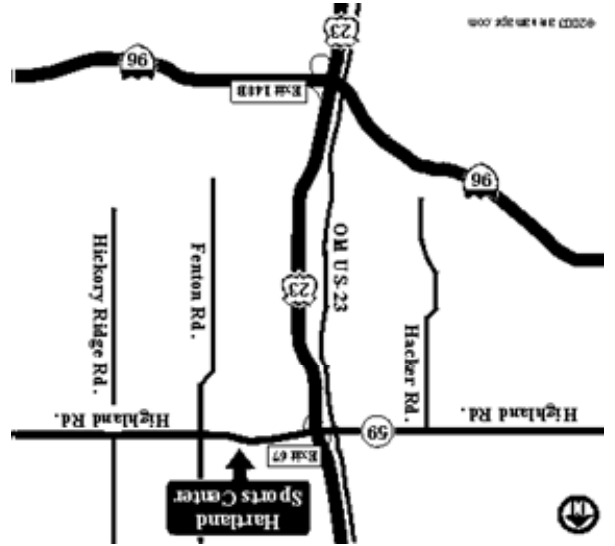
I hereby consent to the aforementioned person participating in the Bounce House Inc./Hartland Sports Center LLC programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including martial arts, dance, gymnastics and related activities including tumbling and trampoline activities. That said, I agree to make my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions I fully understand that Bounce House Inc./Hartland Sports Center LLC. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Bounce House Inc./Hartland Sports Center LLC staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Bounce House Inc./Hartland Sports Center LLC. staff member or its representatives, whether paid or volunteer, to any health care facility or hospital.

I understand that it is the express intent of Bounce House Inc./Hartland Sports Center LLC to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Bounce House Inc./Hartland Sports Center LLC., its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Bounce House Inc./Hartland Sports Center LLC

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's protection and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury, and will warn my child to never attempt a skill they have not yet been instructed to attempt alone. I also understand that safe, professional instruction often includes hands-on spotting to my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Bounce: Hartland Sports Center**  
 2755 Arena Drive (off M-59/Highland Road)  
 Hartland, MI 48353  
 810-632-7222  
 www.hartlandSPORTSCENTER.com



**GET READY TO FLIP....**