☐ Cake will be served

☐ Pizza will be served

Please come and help celebrate a birthday!

Come Bounce with:

Date/Time:

RSVP by:

Phone:

RICHMOND LOCATION

BOUNCES R US 11427 Commercial St. Suite 23 Richmond, IL 60071 815-678-FUNN (3866) www.bouncesrus.com

Located 1 Mile North of intersection Route 173 & Route 12, First Left After Weigh Station

SOCKS ARE REQUIRED AND LONG SLEEVE SHIRTS ARE RECOMMENDED.

Please include all children in a single household (even if not participating today) so we can keep on file.

Name _____DOB _____/_____/_____
Name _____DOB _____/_____/_____
Name _____DOB _____/_____/_____
Parent/ Guardian's Printed Name_____
Address_____City_____Zip Code_____
Phone Number _____
Email Address _____
How did you Hear About Us? _____

BOUNCES R US, LLC : WAIVER OF LIABILITY I willingly agree to comply with the stated rules, terms and conditions for participation in any program or party at BOUNCES R US, LLC. I willingly agree to sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at/by BOUNCES R US, LLC. I am aware and understand that there are dangers and risks associated with activities at/by BOUNCES R US, LLC. and knowingly and freely agree to assume all risk of personal injury, including the potential for paralysis and death. I for myself and on behalf of my heirs, assigne, personal representatives and next of kin. HEREBY HOLD HARMLESS BOUNCES R US, LLC. , Its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such injury, Disability, death or loss or damage to person or property to the fullest extent of the law. I for myself, my child or ward consent to the publication of personal pictures which may be taken by BOUNCES R US, LLC. Personnel or their representative. Publication may include but not be limited to, marketing materials and website.

I understand that this document is a contract and that I have read it thoroughly and understand the terms.

_____/_____/_____
Signature of Parent/Guardian Today's Date

NO CHILDREN WILL BE ADMITTED UNLESS A PARENT or GUARDIAN SIGNS THIS CONTRACT
Socks are required to play. NO outside food or drink allowed at the center. If carpooling, please remember to send a completed waiver with your child.
Waivers can be found on our website. Please feel free to call with any questions.
LONG SLEEVE SHIRTS ARE RECOMMENDED.