

You've been invited to a party at

JUMPING JUNGLE

INDOOR INFLATIBLE PARTY GYM



AUTHORIZATION

I, _____, parent of _____, hereby give permission for said son/daughter to participate in the Jumping Jungle: Indoor Inflatible Party Gymn party program, utilizing all parts of the body. Therefore, there are inherent risks involved. I hereby testify to my son's /daughter's sound health of mind and body and I authorize Jumping Jungle to seek Medical Treatment at the nearest Medical Facility in case of emergency. I agree and understand that all classes are done at participant's own risk, without liability to Jumping Jungle, its officers or instructors and I intend this statement to take effect as a sealed instrument. I also understand that all payments are non-refundable.

SIGNATURE OF PARENT:

DATE: _____ EMAIL: _____

Please
Place
Stamp
Here

You're invited to a Jumping Jungle party!

Have fun and bounce in a safe yet fun enviroment at Jumping Jungle; where you'll have fun through games and bouncing!

Party For: _____

Date: _____ Time: _____

RSVP To: _____ By: _____

Phone: _____

535 Vestal Parkway West
Vestal, NY 13850
(607)754-0861
(607)821-9898

Don't forget to bring your socks and signed waiver, both are required; sorry no exceptions!!