



**810 Boston Turnpike Road  
Shrewsbury, MA 01545  
508.845.7529  
jumpnationparty.com**

**You are invited to a Jump Nation party!**

Party For: \_\_\_\_\_ RSVP To: \_\_\_\_\_  
 Date: \_\_\_\_\_ RSVP By: \_\_\_\_\_  
 Time: \_\_\_\_\_ to \_\_\_\_\_ RSVP Phone: \_\_\_\_\_  
 RSVP Email: \_\_\_\_\_

✓ Pizza and cake will be served

Jump Nation is a private, indoor party facility featuring giant inflatables, interactive games and private party rooms.

**Directions:** From I-495, take 9 West 6 miles and reverse direction to 9 East at South Street. From Worcester, take 9 East into Shrewsbury. We are located on 9 East ¼ mile from the South Street light (Kia dealership/Price Chopper) in the Shrewsbury Central Office Park. Turn right after the white Jump Nation sign. Parking and entrance are in the rear of the brown CrossFit building.

Please arrive 10 minutes early. Socks and a waiver signed by a parent/guardian are required to enter the facility.

**Jump Nation Participation Agreement, Release and Liability Waiver**

In consideration for being allowed to enter the facility and/or participate in activities at Jump Nation, LLC dba Jump Nation, the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified, acknowledges, appreciates, understands, and agrees as follows:  
**1. Representation:** I represent that I am the parent or legal guardian of the Participant(s) named or I have obtained permission from the parent or legal guardian of the Participant(s) named to execute this Agreement on their behalf. In the event that I do not have the requisite authority to sign this Agreement on behalf of the Participant(s) named, I agree that I shall be solely liable for any and all actions, cause of actions, penalties, claims, costs, services, compensation or the like resulting from this misrepresentation. Participant(s) may be named on the front or back of this Agreement.

Participant Name (please print)	_____	Date of Birth	____/____/____
Participant Name (please print)	_____	Date of Birth	____/____/____

**2. Assumption of Risks:** I acknowledge and understand on behalf of myself and the Participant(s) that there are known and unknown risks associated with participation in Jump Nation activities and the use of inflatable and any other facility equipment that could result in physical or emotional injury including, but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, death, or other bodily injury or property damage. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.

**3. Agreement to Follow Rules/Instructions:** I agree that the Participant(s) named, and I shall comply with all rules, posted safety signs and verbal instructions as condition for participation in any activity at Jump Nation.

**4. Photo Release:** I understand that entry, by myself and the Participant(s) named, constitutes consent for Jump Nation to use any film, video, or likeness of Participant(s) for any marketing purpose whatsoever, without payment to the Participant(s).

**5. Release of Liability:** I, for myself, the Participant(s) named, and our respective heirs, assigns, representatives, and next of kin agree to release and hold harmless Jump Nation, Jump Nation LLC, its owners, their predecessors, parent, subsidiaries and affiliates, officers, employees and contractors, and their heirs, successors and assigns, from any and all liabilities, causes of action, claims, demands, injuries, or damages that may arise from participation, except for those arising from the gross negligence or willful misconduct of Jump Nation.

**6. Indemnification and Defense:** I additionally agree to indemnify Jump Nation, Jump Nation, LLC, its owners, officers, their predecessors, parent, subsidiaries and affiliates, officers and employees for any defense or expenses arising from any and all liabilities, causes of action, claims, demands, injuries, or damages arising from participation, except for those arising from the gross negligence or willful misconduct of Jump Nation.  
**7. Medical Care/Coverage:** If either the Participant(s) or I are injured, I acknowledge that medical assistance may be required, which I acknowledge will be at my own expense or at the expense of my personal insurer(s). I represent and affirm that the Participant(s) and I have adequate and appropriate medical insurance. I understand and agree that Jump Nation will not pay for any cost or expenses incurred should the Participant(s) or I be injured unless such injury was caused by the gross negligence or willful misconduct of Jump Nation. I certify that the Participant(s) and I are physically able to participate in all activities at the facility without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that the Participant(s) or I may have. I understand that Jump Nation assumes no responsibility for providing medical care.

**8. Arbitration:** If there are any disputes regarding this Agreement, I on behalf of myself and/or the Participant(s) hereby waive any right I and/or the Participant(s) may have to a trial and agree that such disputes shall be brought within one year of the date of this Agreement and will be determined by binding arbitration before a single arbitrator. I further agree that the arbitration will take place at a location within 25 miles of Shrewsbury, Massachusetts, and in accordance with the rules of the American Arbitration Association then in effect, and that the substantive law of Massachusetts shall apply.

**9. Enforceability:** I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby acknowledge that I have had sufficient opportunity to carefully read the entire Agreement. I am aware that this is a release of liability and a contract between Jump Nation LLC dba Jump Nation and me in which I make knowing and voluntary waivers and releases of related legal rights for myself and the Participant(s). I am of physical ability to participate and am legally competent to understand and complete this Agreement. I hereby execute this Agreement without coercion as written without alteration and sign it of my own free will below.

Parent/Guardian/Responsible Adult Name (please print)	_____	Parent/Guardian/Responsible Adult Signature	_____	Date	____/____/____
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Address \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_ Email: By providing my email address I acknowledge I may receive Jump Nation emails including news, offers or promotions