

# LIABILITY WAIVER

Please carefully review this Liability Waiver ("Waiver") before engaging in any activities or utilizing any facilities provided by Southland Bouncy House Rentals, LLC. Your signature on this Waiver signifies your acceptance of the terms and conditions stated herein.

## **Assumption of Risk:**

I understand and acknowledge that participating in the event/activity involves certain inherent risks, including but not limited to physical injury, illness, property damage, and even death. I voluntarily assume all risks associated with my participation.

## **Release of Liability:**

I release and discharge Southland Bouncy House Rentals, LLC, its officers, employees, agents, volunteers, and any other representatives (collectively referred to as "Releasees") from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me as a result of my participation in the event/activity.

## **Indemnification:**

I agree to indemnify and hold harmless the Releasees from any and all liability, claims, demands, actions, or causes of action that may arise from my actions or conduct during the event/activity.

## **Medical Treatment:**

In the event of an injury or illness during the event/activity, I consent to and authorize the provision of necessary medical treatment and care, including, but not limited to, first aid and emergency medical services. I understand that I will be responsible for any associated medical costs.

## **Photography and Likeness Release:**

I grant permission for [Your Organization Name] to use photographs, video recordings, or other media representations of me or my child taken during the event/activity for promotional and marketing purposes without compensation.

## **GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of the state of Florida, without regard to its conflict of laws principles. Any legal action or proceeding arising out of or related to this Agreement shall be filed in the state or federal courts located within the state of Florida, and the Participant consents to the personal jurisdiction of such courts.

By signing below, I acknowledge that I have read and understood the liability waiver and I voluntarily sign it.

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

Rep's Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Rep's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_