**INFLATION NATION OHIO, LLC.**

**WAIVER AND RELEASE FROM LIABILITY**

I,      , have voluntarily elected to allow my child(ren) to participate in playing/bouncing on the bounce houses located at **1200 Chester Industrial Parkway, Avon, Ohio**, owned and operated by **Inflation Nation Ohio, LLC.**, and I fully understand that this involves jumping on air filled entertainment bounce houses, and that there are safety and health risks associated with this type of activity. I,      , therefore, assume all risk of injury and/or death associated with this event and will not hold **Inflation Nation Ohio, LLC.,** accountable for any circumstances/injuries that occur during this event.

 I,      , confirm that my children are in good physical condition and do not suffer from any disabilities or physical conditions that places he/she at risk, or should otherwise prohibit participation in this event. I hereby waive and release, hold harmless and forever discharge **Inflation Nation Ohio, LLC.,** from injury/claim, that may arise from this event. With signing acknowledgment (as Parent/Guardian of Child(ren) bouncing) of reading and understanding this waiver, I assume any risk, and take full responsibility of any and all claims of personal injury, death, and damages while bouncing/playing in the bounce houses/slide provided by **Inflation Nation Ohio, LLC.** This **WAIVER AND RELEASE FORM** is a contractual agreement between Guardian of child(ren) (bouncing/playing in and around in bounce houses) and **Inflation Nation Ohio, LLC**.

NAMES OF CHILDREN:

**Parent Signature**