

**MONTAVILLA COMMUNITY CENTER
BOUNCE HOUSE PARTICIPANT WAIVER**

8219 NE Glisan; Portland, OR 97220 • 503-823-4101

By signing this page, I give permission for the child/children listed below to jump and play in the Bounce House and participate in Bounce House based activities at Montavilla Community Center. I am aware and understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity. I, my heirs, executors, administrators and assignees, waive, release and discharge Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I fully realize the hazards of participation in activities of this type and voluntarily assume all of the risks associated with such participation. The participants listed here have the ability to and agree to follow all directions from program staff and Bounce House spotters. I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity.

Participant 1: _____ DOB: _____

Participant 2: _____ DOB: _____

Participant 3: _____ DOB: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Contact phone number during party hours: _____



PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland



Director Mike Abbate
Commissioner Amanda Fritz

**MONTAVILLA COMMUNITY CENTER
BOUNCE HOUSE PARTICIPANT WAIVER**

8219 NE Glisan; Portland, OR 97220 • 503-823-4101

By signing this page, I give permission for the child/children listed below to jump and play in the Bounce House and participate in Bounce House based activities at Montavilla Community Center. I am aware and understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity. I, my heirs, executors, administrators and assignees, waive, release and discharge Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I fully realize the hazards of participation in activities of this type and voluntarily assume all of the risks associated with such participation. The participants listed here have the ability to and agree to follow all directions from program staff and Bounce House spotters. I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity.

Participant 1: _____ DOB: _____

Participant 2: _____ DOB: _____

Participant 3: _____ DOB: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Contact phone number during party hours: _____



PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland



Director Mike Abbate
Commissioner Amanda Fritz

**MONTAVILLA COMMUNITY CENTER
BOUNCE HOUSE PARTICIPANT WAIVER**

8219 NE Glisan; Portland, OR 97220 • 503-823-4101

By signing this page, I give permission for the child/children listed below to jump and play in the Bounce House and participate in Bounce House based activities at Montavilla Community Center. I am aware and understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity. I, my heirs, executors, administrators and assignees, waive, release and discharge Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I fully realize the hazards of participation in activities of this type and voluntarily assume all of the risks associated with such participation. The participants listed here have the ability to and agree to follow all directions from program staff and Bounce House spotters. I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity.

Participant 1: _____ DOB: _____

Participant 2: _____ DOB: _____

Participant 3: _____ DOB: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Contact phone number during party hours: _____



PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland



Director Mike Abbate
Commissioner Amanda Fritz

**MONTAVILLA COMMUNITY CENTER
BOUNCE HOUSE PARTICIPANT WAIVER**

8219 NE Glisan; Portland, OR 97220 • 503-823-4101

By signing this page, I give permission for the child/children listed below to jump and play in the Bounce House and participate in Bounce House based activities at Montavilla Community Center. I am aware and understand that the aforementioned activities involve risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity. I, my heirs, executors, administrators and assignees, waive, release and discharge Portland Parks & Recreation, their officers, directors, trustees, employees, agents, and any other personnel officially connected with all activities that myself or my child may participate in from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I fully realize the hazards of participation in activities of this type and voluntarily assume all of the risks associated with such participation. The participants listed here have the ability to and agree to follow all directions from program staff and Bounce House spotters. I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity.

Participant 1: _____ DOB: _____

Participant 2: _____ DOB: _____

Participant 3: _____ DOB: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Contact phone number during party hours: _____



PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland



Director Mike Abbate
Commissioner Amanda Fritz