

GENERAL INFORMATION:

GRADE & TIME: 3K-1st grade 5:00-6:15 PM
2nd-5th grade 6:30-8:00 PM

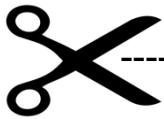
COST: \$20.00 General Admission (Register at the door)
\$15.00 DC & EDT Members (Register at the door)
*\$5.00 Sibling Discount off General Admission

LOCATION: **Dream Center, 1190 Western Drive, Hartford**

DIRECTIONS: HWY 60 West. Turn right on Wacker Drive. Turn left on State Street. Turn left on Airport Drive. Turn right on Western Drive. The building is at the end of the road.

CONCESSIONS: Concessions will be available for purchase ranging in price from \$1.00-\$3.00. No outside food or beverage is allowed.

DON'T FORGET: Be sure to wear socks for the Bounce Houses!



Bounce House Waiver and Release

PLEASE READ THE FOLLOWING carefully before signing this waiver of liability.

On behalf of myself, my children, and children in my care participating in activities in the Dream Center Bounce Houses, I acknowledge and agree to the terms and conditions of this waiver as identified below:

There are risks, both known and unknown, using any inflatable or amusement device, including, but not limited to physical injury, emotional injury, distress, paralysis, and even death. The risk of serious injury from participating in Bounce House activities, although minimal, does exist, as it does in all play and amusement activities. I and the children in my care who will participate in any Bounce House activities are physically, mentally, and emotionally fit to participate in such activities. I, on behalf of myself, my children, my family members, children in my care, my heirs, and my guests, knowingly and freely assume all risks of injury and agree to hold harmless Dream Center LLC, its owners, shareholders, managers, agents, volunteers, and employees with respect to any claims, demands, causes or rights of action, even if arising from the actions, acts of omission or negligence of said entities or individuals.

I HAVE READ THIS BOUNCE HOUSE WAIVER AND RELEASE OF LIABILITY AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THOSE FOR WHOM I HAVE ASSUMED RESPONSIBILITY. BY MY SIGNATURE, I FREELY AND VOLUNTARILY AGREE TO THESE TERMS.

Parent Signature: _____ **Date:** ____/____/____

Child's Name: _____ **Phone #:** () _____ - _____

School: _____ **Grade:** _____