

PERMISSION SLIP

(please return to school)

YES! My child has permission to participate in
JumpBunch each week!

Child's Name _____ Date of Birth _____

Billing Address _____

Email (for billing) _____ Daytime Phone _____

Name of Child's School _____

Any physical limitations or allergies _____

WAIVER OF LIABILITY AND INDEMNIFICATION

To the extent permitted by law and knowing the risk of this activity, I hereby release, waive, forever discharge, and agree to hold harmless JumpBunch, Inc., its officers, agents and employees and franchisees and their officers, agents and employees from any liability whatsoever arising out of my child's participation in JumpBunch activities, including but not limited to, medical bills, court costs and attorney's fees, any damage to my property or, the property of others, or to others through my child's participation in this program. Customer hereby agrees and consents to the use of the Child's likeness in photographs and/or video for advertising and promotional purposes without compensation to the Child or Customer. You may opt out of the photo release by contacting us via the local email address listed.

I AM THE PARENT OR GUARDIAN OF THE CHILD NAMED ABOVE.

Parent's Signature _____ Date _____

Please print your name _____

CLASS INFORMATION

\$40 per month; each additional sibling is \$35 per month.
To Register Online And Pay By Credit or Debit Card: 1) Go to www.jumpbunch.com. 2) Click on "Find a Location." Select "Wisconsin." Then click on "Madison." 3) Follow the links for completing the online registration process. You may withdraw your child at anytime, with email notification. To pay by check, please complete the Permission Slip and make check payable to JumpBunch.