



**RULES:**

1. Every person must sign a waiver upon entering the building.
2. Adult supervision is required at all times.
3. Socks must be worn at all times.
4. No running in the facility.
5. No shoes with wheels.
6. No Flipping, Wrestling, Diving or Rough Playing in the inflatables.
7. No smoking or alcoholic beverages allowed on the premises.
8. No crock pots.
9. No gum.
10. We reserve the right to refuse service to anyone.

**Directions:**

From Sacramento:  
99 South  
Exit Pringle Avenue  
Go Straight thru stop sign  
Right on Industrial Drive  
Building is on the corner of Industrial and Enterprise

**From Stockton:**

99 North  
Exit Simmerhorn Road  
left at Simmerhorn  
Right at Lincoln Way  
Left at Pringle Avenue  
Right on Industrial Drive  
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**WAIVER AND ASSUMPTION OF RISK**

I voluntarily make and grant this Waiver and Assumption of Risk in favor of *A MAGICAL PLACE* to engage in the activities sponsored by the equipment from *A MAGICAL PLACE*. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS *A MAGICAL PLACE*, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further agree to use my best judgment in undertaking these activities, use and/or receipt and to faithfully adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. If signing for a minor, I agree that I am the parent and/or guardian and agree to all terms of this agreement. This Waiver and Assumption of Risk is effective indefinitely, inclusive, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of *A MAGICAL PLACE*.

*I certify that I am a competent adult and have read and understood the Rules as listed above and the Waiver and Assumption of Risk and by signing below, I assume the risks and responsibilities of these games.*

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ADDRESS	PHONE NUMBER	
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

NAME OF MINOR	AGE
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