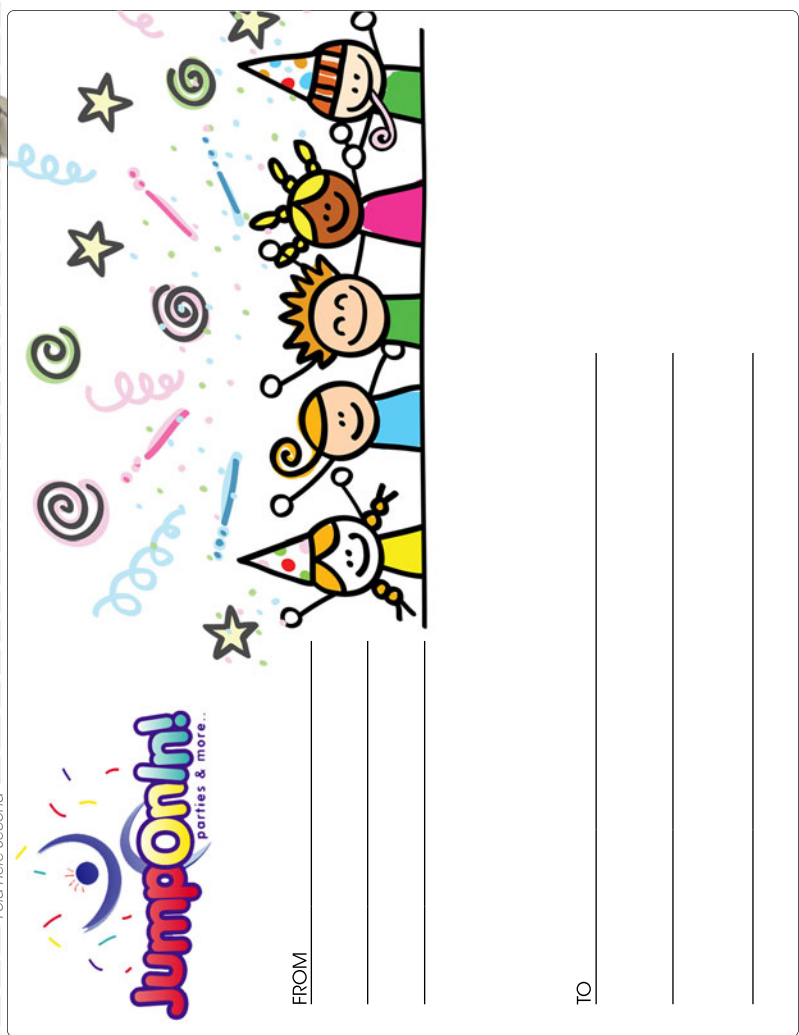


Directions from From Route 80 East:
 Take exit 64 and merge onto Rte. 17 South. Continue for approx. 2 miles. Turn into Guest Fitness Center driveway.
From Route 80 West:
 Take the exit toward Rte. 17 South. Turn left onto Poliffy Rd. Continue onto Terrace Ave. Turn left to merge onto Rte. 17 South. Continue for approx. 1.5 miles. Turn into Guest Fitness Center driveway.
From Route 3
 Take Rte. 17 North Exit. Continue for approx. 4 miles. Make a U-turn at Franklin Ave. onto Rte. 17 South. Proceed for about 0.5 miles. Turn into Guest Fitness Center driveway.
From Route 46 East and West
 Take exit to Route 17 South. Continue for about 1.0 miles. Turn into Guest Fitness Center driveway.

JumpOnIn! parties & more.
 69 Rte. 17 South,
 Hasbrouck Heights,
 NJ 07604
 (located after IHOP behind
 Guest Fitness Center)



You're Invited! TO A JUMPING PARTY

FOR: _____
 DATE: _____
 TIME: _____
 RSVP BY: _____
 TEL: _____

Pizza Cake will be served



Don't forget:

- Socks are required to play.
- No children admitted without a waiver.
- Wear loose fitting play clothes that cover legs and elbows.

Please arrive 5-10 minutes early as all parties go into gyms on time!

Waiver Form

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, the undersigned, on his or her own behalf and on behalf of the minor(s) identified below, acknowledges, appreciates and agrees that:

- I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and
- I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and
- I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants. I assume full responsibility for all participants listed below. Further, I agree to assume liability for all medical costs, attorney fees,
- By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

Participant(s): _____ / / _____
 Name/Date of Birth
 _____ / / _____
 Name/Date of Birth

Address/Street: _____ City: _____
 State: _____ Zip: _____

Parent/Guardian Signature: _____
 Date: _____

Parent/Guardian Printed Name : _____

Emergency Contact if dropping off: Home: _____
 Mobile: _____

Check here if you would like to receive notices of special promotions or offers: (your email address) _____