

## PERMISSION SLIP

(please return to school)

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

Child's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Any physical limitations or allergies \_\_\_\_\_

By checking this box, I agree to allow JumpBunch to use the likeness of my child in photographs and/or video for advertising and promotional purposes only without compensation to my child or myself. No names will be used in any promotional materials.

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, its 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.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



JumpBunch -North Central Colorado  
ssmith@jumpbunch.com  
720-951-5815

<http://www.jumpbunchlocations.com/northcentralco/>

Franchises Available

Looking for a rewarding business opportunity?

[www.jumpbunch.com](http://www.jumpbunch.com)



Build Healthy  
Habits Early!

