

**JUMPMAN JUMPERS
OFFICE: (310) 323-5904**

**RECEIPT OF PAYMENT AND RENTAL AGREEMENT
TABLES, CHAIR AND GENERATORS**

DATE:
NAME:
ADDRESS:
TELEPHONE:
DELIVERY:
PICK-UP:

TERMS OF RENTAL AGREEMENT

The renter shall be in charge of items listed above. The renter is fully responsible for the products. Jumpman Jumpers in Not responsible for injuries occurring to renter or to any other person using theses products, and the renter further agrees to hold Jumpman Jumpers free from liability against any injury claims, attorney fees and any related cost involving the use and return of the rented products should legal action become necessary.

I voluntarily release, indemnify, hold harmless and discharge Jumpman Jumpers from any and from liability, claims, demands, action or right of action, whether personal to me or to a third party, which are related to arise out of or are in any way connected with my rental from Jumpman Jumpers including those allegedly attributable to negligent acts or omission. I agree to reimburse reasonable attorney's fees and cost that may be incurred by Jumpman Jumpers in the defense of any such liability claim, demand, action or right of action.

I understand the rental fee is part of this agreement and agree to pay this fee in good faith upon accepting delivery. I also understand that while any equipment in my possession, is a rental and not a sale and I am responsible for any damages that may result from theft, vandalism, damages cause by pets, or any other damage that or repair, at the discretion of Jumpman Jumpers, of said equipment. Also understand that upon taking delivery.

TOTAL: _____

**JUMPMAN JUMPER
RENTAL AGREEMENT
TABLES, CHAIRS, TARPS AND GENERATORS**

DATE: _____

NAME: _____

TELEPHONE: _____

ADDRESS: _____

PICK-UP DATE: _____

I acknowledge and certify that I have read THE AGREEMENT for Tables, Chairs, and Generators, entire document, that I understand its content and that I execute it freely, Intelligently, and without duress of any kind, and that I agree to be bound by its terms and conditions.

Name _____

L ___ R ___ TABLES \$ ___

**Please Print
Signature** _____

___ CHAIRS \$ ___

CDL# _____

EXP. DATE _____

___ BALLOONS \$ ___

TOTAL \$ _____

___ GENERATORS

___ FLOWERS