



**INFLATABLE AMUSEMENT DEVICES
SUPPLEMENTAL**

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Coverage Not Available in TX

Entity Name _____ Date _____

What best describes your exposure (please select ALL that apply)

- Bounce House Jumping Pillow Jumping Pad
- Water trampoline Carnival Ride (please specify) _____
- Other _____

Month/Year it was originally installed/implemented: _____ / _____

Are the manufacturer's recommendations followed at all times? Yes No

Is it setup on a flat ground surface (not on a slope)? Yes No

Is there a minimum of 5 feet of clearance space on all sides? Yes No

How is it secured to the ground? _____

Is adult supervision required at all times? Yes No

Is a waiver required for participation? Yes No

Are the rules clearly posted? Yes No

Does the attendant make all participants aware of the rules? Yes No

Are participants grouped with others similar in age, weight and height? Yes No

(Adults and older children should not bounce with younger children)

Is the device deflated when not in use? Yes No

Are all electrical connections properly grounded? Yes No

Was any wiring completed by a certified electrical contractor? Yes No

How often is the device/equipment inspected? _____

What material is utilized for the shock absorbent landing zone? _____

Is personnel trained on safety and operation? Yes No

If yes, who provides this training and how often? _____

Is it a water based device? Yes No

If yes, is it located in a minimum of 10 feet of water? Yes No

Is it tethered in place? Yes No

List any reasons why you would decline a person from participating (health, age, alcohol, etc). _____

Please provide a photo