

Block Party Trailer Training Record

(Each operator must fill out this sheet individually)

Date: _____

Name: _____

Church Name: _____

Church Address: _____

Contact Phone Number: _____

Contact Email: _____

Circle the following - (Answering "No" to any of the following disqualifies application for Block Party Trailer use)

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|--|-----|----|
| 1. I have reviewed the <i>Block Party Training Manual</i> | Yes | No |
| 2. I understand that my church is responsible to repair or replace any item that is damaged on the Block Party Trailer while it is in our possession | Yes | No |
| 3. I understand that the \$50.00 deposit will not be refunded if the items used on the trailer are not properly cleaned and stored | Yes | No |
| 4. I have watched all 3 training videos pertaining to the Bounce House | Yes | No |
| 5. I have read the Bounce House Owners Manual | Yes | No |
| 6. I understand that no person or persons who has not completed this training is permitted to operated or supervise the Bounce House | Yes | No |
| 7. I understand that the area surrounding the Bounce House Blower and Generator are to be marked off by Caution Tape | Yes | No |
| 8. I understand that no underage person is to be operating any part of the Block Party Trailer without a trained, adult accompanying them | Yes | No |
| 9. I understand that I am not permitted to modify the Block Party Trailer or its contents without authorization from the WVCSB office | Yes | No |
| 10. I have watched the Cotton Candy Machine video | Yes | No |
| 11. I have reviewed the Cotton Candy Machine Owners Manual | Yes | No |

12. I understand that any injury incurred while using the Bounce House that cannot be treated with the provided First Aid kit must be reported to the WVCSB office

Yes

No

13. I understand that I am responsible to return the Block Party Trailer in the condition it was received

Yes

No

14. I understand that this questionnaire is to be returned prior to Block Party Trailer pick up

Yes

No