

WAIVER IF SIGNING FOR INDIVIDUAL OVER 18 YEARS AND/OR UNDER 18 YEARS OF AGE

Name

Date of Birth Phone:

**ENTER ADULT/PARENT/
GUARDIAN DETAILS
HERE & SIGN BELOW**

*****NOTE: WAIVER IS VALID FOR THE DAY OF ATTENDING ONLY*****

I confirm that I am 18 years or older and (if applicable) I also confirm that the child(ren) listed below is/are under 18 years old but over 5 years of age and that the child(ren) is/are over 1 metre.

I wish for myself and/or the child(ren) to participate in indoor trampoline activities including, but not limited to trampolining, trampoline park access, trampoline dodgeball, fitness classes, foam zone, battle beam zone, basketball zone, ninja zones, tumble zone, café access, offsite and camp activities, and other athletic amusement activities (collectively hereinafter called "the Activity") organised by Sky Functions Limited t/a Jump Zone (hereinafter called "Jump Zone").

I declare that if I am not the parent or legal guardian of the child(ren) I have authority from the parent or legal guardian of the child(ren) to sign this Disclaimer and Injury Waiver Form.

Whilst attending Jump Zone and whilst participating in the Activity the child(ren) will be under my care and supervision or alternatively I will ensure that the child(ren) will be placed in the care and supervision of a suitable adult with my full permission.

I acknowledge and accept that the Activity requires a moderate level of fitness and is physically testing. I confirm that I do not know of any medical condition that I or any of the child(ren) suffer from which might have the effect of making it more likely that I or any of the child(ren) will be involved in any incident which could result in injury to myself, the child(ren) or others.

I acknowledge and accept that the Activity is potentially dangerous and that by participating in the Activity I and the child(ren) are exposed to the possibility of personal injury or death and/or property damage and I accept this risk on my behalf and on behalf of the child(ren).

In the event of an accident involving myself and/or the child(ren), I acknowledge and accept that Jump Zone will not be liable for any direct or indirect loss, damage or injury arising from or in connection with my and/or the child(ren)'s participation in the Activity and I hereby waive all and any claims against Jump Zone in this respect and in respect of myself and the child(ren).

I hereby release, waive, forever hold harmless, indemnify and keep indemnified Jump Zone from all claims for any injury, loss or damage sustained by me and/or the child(ren) arising from or in connection with the Activity and I hereby indemnify Jump Zone against all claims made by any other person against Jump Zone in respect of any injury, loss or damage arising out of or in connection with my failure and/ or the failure of the child(ren) to follow safety instructions and/or directions of Jump Zone, its management and/or staff.

I acknowledge and accept that this Form may be pleaded in the defence to any action or proceedings taken by me and/ or the child(ren) at any time against Jump Zone arising out of or in connection with my and/or the child(ren)'s participation in the Activity.

I understand and confirm that I will not go on to the trampoline courts or any area of activity without wearing the required Jump Zone grip socks under any circumstances.

I confirm that I am 18 years of age or older and acknowledge that I have read and fully understand the above prior to signing below.

**CHILDRENS
FULL
NAMES**

CHILDRENS FULL NAMES

1

Date of Birth

2

Date of Birth

3

Date of Birth

4

Date of Birth

Signed _____

Today's Date

Parent /Guardian