

RISK ACKNOWLEDGEMENT & DISCLAIMER

DATE

TIME

THIS IS AN IMPORTANT DOCUMENT: YOU MUST READ IT BEFORE SIGNING

I understand that as I am aged 16+ I can sign this risk acknowledgement and disclaimer myself. If I have children (aged 0 - 15) for whom I am responsible and if I am not their parent or guardian I declare that I am aged 18+ and have authority of the parent or guardian to sign this risk acknowledgement.

I wish for the following people, who I have named and signed for below, to undertake the physically demanding trampoline related activities ("Activity") organised by Jump Station.

I accept that there is a real risk of injury when undertaking the Activity.

To reduce the risks I agree to follow all instruction set out in the Safety Brief, safety instructions at each activity as well as all instructions given to me by Jump Station Staff during participation.

I agree that I am responsible for my own safety and any children in my care throughout the duration of the activity and undertake to ensure that i/he/she/they understand and follow the instruction set out in the Safety Brief and safety instruction throughout our site. In the event of an accident or loss or damage to personal effects to myself or the children in my care I acknowledge that Jump Station will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activity (except for death or personal injury caused by its negligence) and I waive all and any claims against Jump Station in this respect both for myself and/or the children in my care.

Photos and videos may be taken which may be used for promotional purposes (printed material, social media or for our website); it is your responsibility to inform our staff or the photographer/videographer that you do not want your photo taken (excludes CCTV)

I certify that neither I nor any children in my care have any medical condition (including pregnancy) or pre-existing injury which might make me or him/her/them more likely to be involved in an accident which could result in injury to myself or others.

(If in doubt, please check with the parent/guardian)

	NAME OF PARTICIPANT	D.O.B	AGE	MOBILE NUMBER		POST CODE	Adult Signature	RECEIPT NO.
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SPECTATORS		0 - 5's		6 - 9's		10 - 12's		Amount of Disclaims this session:
		13 - 15's		16 - 17's		18+		