



Risk Acknowledgment & Waiver

Before jumping at Jump Mania, all participants must register to jump by completing the waiver form below. Participants under the age of 18 must have the waiver completed by a parent or legal guardian.

Adult Information

Your name:

Last

Email address:

Mobile phone number:

Gender:

Male

Female

Date of birth:

Address:

Street address

Town / City

Postcode

1. I wish to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, fitness classes, airboarding and body zorbing (collectively hereinafter called "the Activities") organised by The Jump Mania Limited ("the Company") within 12 months of the date of completion of this form.

2. I am eighteen years old or older.

3. I agree that I will undertake the Activities in accordance with the written safety rules and advice that I have received on check-in together with any oral instructions or advice given to me prior to or during the session. In addition, I agree to wear non-slip socks whilst participating in the Activities.

4. I acknowledge that I am responsible for my own safety (and the safety of my possessions) while undertaking the Activities.

5. I certify that to the best of my knowledge I do not have a medical condition which might have the effect of making it more likely that I will be involved in an incident which could result in injury to myself or others. To the best of my knowledge I am not pregnant.

Participants under 18 years old that I will be responsible for.

(for more than 4 children please complete an additional form)

6. I am the parent/guardian of the child/ren listed below who is/are under 18 years of age. I wish that/those child/ren to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, airboarding and body zorbing (collectively hereinafter called "the Activities") organised by The Jump Mania Ltd ("the Company") within 12 months of the date of completion of this form. I declare that if I am not the parent or guardian of the child/ren I have authority from the child/ren's parent or guardian to sign this risk acknowledgement & waiver form.

7. I agree that I am responsible for the child/ren in my care and undertake to ensure that he/she/they undertake the Activities in accordance with the written safety rules and advice that I and he/she/they have received on check-in together with any oral instructions or advice given to me and he/she/them prior to or during the session. In addition I agree to ensure the child/ren wear(s) non-slip socks whilst participating in the Activities.

8. I acknowledge that I am responsible for the safety supervision of the child/ren named below (and the safety of our possessions). I will ensure that I pay particular attention to any under 16 year olds and will supervise them at all times.

9. I certify that to the best of my knowledge the child/ren do not have any medical condition (including pregnancy) which might have the effect of making it more likely that he/she/they be involved in an incident which could result in injury to him/her/themselves or others (if in any doubt, please check with the child/ren's parent or guardian).

Child #1 Name:

Child #1 Gender:

Male

Female

Child #1 Date of birth:

Child #2 Name:

Child #2 Gender:

Male

Female

Child #2 Date of birth:

Child #3 Name:

Child #3 Gender:

Male

Female

Child #3 Date of birth:

Child #4 Name:

Child #4 Gender:

Male

Female

Child #4 Date of birth:

10. I acknowledge and accept that the Activities require a moderate level of fitness and can be physically testing and I/he/she/ they should not undertake the Activities unless I/he/she/they am(is/are) physically able to. I acknowledge and accept that the Activities are dangerous and there is a risk of personal injury when undertaking such Activities.

11. In the unlikely event of an accident, or loss or damage to any personal effects, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activities (except for death or personal injury caused by the Company's negligence) and I waive all and any claims against the company in this respect.

12. I acknowledge and accept that CCTV images of all park entrants will be monitored and recorded throughout the premises for the purposes of crime prevention and public safety.

Emergency Contact Information

Contact name:

Contact phone number:

I acknowledge that I and my child/ren (if applicable) have been provided with a copy of the specific written safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above prior to submitting this form.

Receive exclusive news, offers and discounts via email/text.

Signature:

Date: