



Injury Waiver and General Release Form (WAV1)

FIRST NAME: _____

LAST NAME: _____

DATE of BIRTH: _____

ADDRESS: _____

I agree that I will carry out the activity in accordance with specific safety instruction and I acknowledge that a **FULL SAFETY BRIEFING** has been received before undertaking the activity.

I accept the activities are potentially **DANGEROUS** and can result in **DEATH** or serious **INJURY**. And by participating in the activity I am exposing myself to that risk and take full responsibility for same.

I agree to wear any safety equipment provided by **Jump Boxx** (grip socks) in accordance with safety instruction and I will follow the directives of Jump Boxx, its management and staff (Marshals) at all times.

I confirm I am in good physical condition and have no medical impairment that might prevent me from my intended use of **Jump Boxx**.

I acknowledge that Jump Boxx trampolining did not give me medical advice relating to my physical condition and ability to use the facilities.

I accept the risk of personal injury and or property damage I am exposed to whilst participating in the activity. I the participant warrants that they will only carry out moves or tricks that are within their own ability level, of which they are able to retain control of at all times and can perform all basic movements required unaided, without assistance of a third party. Moves or tricks are performed at participants own risk.

I confirm that I comply with any height, weight and age restrictions that maybe in place by **Jump Boxx** from time to time. I acknowledge that if I do not comply with these restrictions I may not be able to participate in the activities.

Please note video and images captured on the park may be used for promotional use, also parents please note that your child may appear in the background of other parents photos, by signing this waiver you accept this.



AGE RESTRICTION: 6 YEARS AND OVER for Trampoline activities (EXCLUDES TODDLER AREA)

(TODDLER AREA: Must be accompanied by a parent/guardian at all times and is entirely at your own risk)

WEIGHT RESTRICTION: 17.5 STONE IN WEIGHT AND UNDER for Trampoline activities

I hereby indemnify **Jump Boxx** against **ALL CLAIMS** made by any other person against **Jump Boxx** in respect of any injury, loss or damage arising out of or in connection with my failure to comply with the safety instructions and or directions of **Jump Boxx**, its management or staff.

I am completing this waiver as a participant. I certify that I am 18 years of age or older.

I am completing this waiver as a Parent, Legal guardian or Supervising Adult of a Minor / Ward. I certify that I am of 18 years of age or older.

I acknowledge that I have **READ** and **FULLY UNDERSTAND** the above prior to my signing below and I confirm acceptance of **Jump Boxx** terms & conditions and privacy as outlined on www.jumpboxxni.co.uk

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SIGNED: _____

DATE: _____

PHONE: _____

EMAIL: _____



Name of participant : _____ AGE: Parent/Guardian/Supervising Adult
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Name & Signature of Adult responsible for minors named above:

Name: _____
Signature: _____
Jump ID: _____
Date: _____