



**Jump Crazy Trampoline Park
CONSENT FORM**

I agree that myself or my child/children (insert name/s) _____

Will be participating in activities operated by Jump Crazy, Personal or property damage risks may be associated with some or all of these activities.
The activities may involve strenuous physical exercise and they also demand the total attention and responsibility of each participant. They must participate within their ability, either as an individual or as part of a co-operating group. In addition, these activities may include the inherent risk of fatigue, mental stress and or injury and by signing this form I agree that I will not participate in any activity that will exacerbate any existing conditions.

Jump Crazy is a fully insured facility and acknowledges that no rights of the participant shall be waived.
Upon entering The Jump Crazy property, I agree that Jump Crazy and their Directors, Employees, Agents and Officers shall not be in anyway liable, directly or indirectly held responsible for any injuries, loss or any other damages, whether to a person or property, unless resulting from criminal or negligent behaviour by Jump Crazy Staff.

My signature below indicates that I understand all the associated risks and conditions as stated above.

(Must be signed by Participant over 18 / Parent or Guardian)

Sign: _____ Date: ___/___/___ Emergency contact No: _____



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