



RISK ACKNOWLEDGEMENT & WAIVER FORM

THIS IS AN IMPORTANT DOCUMENT AND MUST BE READ AND UNDERSTOOD BEFORE SIGNING

Before participating at Jumpin' Josephs, 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.

TO BE COMPLETED BY ALL

**Your full name:

Contact phone number:

ONLY TO BE COMPLETED IF OVER 18 AND PARTICIPATING

Email address;

Address;

Mobile phone number:

Gender Male/Female:

Date of Birth:

I wish to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, fitness classes, basketball, foam pit, airbag, tumble lane, battle beam, jump tower, scramble wall, ninja assault course (collectively hereinafter called "the Activities") organised by Jumpin' Josephs the company within 12months of the date of completion of this form.

I am eighteen years old or older.

I agree that I will undertake the Activities in accordance with the safety rules made available to me prior to participation (which can be seen on our website at www.jumpinjosephs.co.uk at Jumpin' Josephs, Clayhill Industrial Estate,

Long Acres Road, Neston, CH64 3RL and the advice given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me prior to or during the session.

I agree to wear anti-slip grip whilst participating in the Activities, I confirm that I am using my own anti-slip grip socks or pre-used anti-slip socks that they are in good condition and fit for the purpose and acknowledge that Jumpin' Josephs cannot be held responsible for the efficiency of these socks.

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

I certify that to the best of my knowledge that I am in good physical condition and I do not have any 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.

I certify that I have no pre-existing medical condition which, could through participation in the Activities, result in injury to myself.

I certify that to the best of my knowledge I am not pregnant.

I acknowledge that the maximum permitted weight for participation is 19 stone and confirm that I do not exceed this weight.

ONLY TO BE COMPLETED IF YOU HAVE AN UNDER 18 YEAR OLD WITH YOU THAT ARE PARTICIPATING

I am the parent/guardian of the child/ren listed below who is/are under 18 years of age. I consent to allow that/those child/ren to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, fitness classes, dodgeball, aeroball, basketball, foam pit, airbag, walk the wall, performance trampoline, battle beam, jump tower, trapeze swing, slack line, passed assault course, ninja warrior and bouldering wall (collectively herein after called 'the activities') organised by Jumpin' Josephs within 12 months of the 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 and waiver form.

I acknowledge the risk on their behalf.

I confirm 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 safety rules made available prior to participation (and which can be seen on our website at www.jumpinjosephs.co.uk) and at Jumpin' Josephs, Clayhill Industrial Estate, Long Acres Road, Neston, CH64 3RL and the advice that I and he/she/they will be given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me and he/she/they prior to or during the session.

I agree to ensure the child/ren wear(s) anti-slip grip whilst participating in the activities. I confirm that if the child/ren wear their own anti-slip grip socks or pre used anti-slip grip socks that they are in a good condition and fit for purpose and acknowledge that Jumpin' Josephs cannot be held responsible for the efficiency of these socks.

I acknowledge that I am responsible for the safety and supervision of the child/ren named below (and the safety of our possessions) and that Jumpin' Josephs do not provide supervision of children whilst using the premises or if left unattended on the premises. I will ensure that I pay particular attention to any under 16 year olds and will supervise them at all times.

I certify that to the best of my knowledge the child/ren is/are in good physical condition and do not have any medical condition which might have the effect of making it more likely that he/she/they be involved in an accident 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.)

I certify that the child/ren have no pre existing medical condition which could, through participation in the Activities, result in injury to them.

I certify that to the best of my knowledge that the child/ren is/are not pregnant.

I acknowledge that the maximum permitted weight for participation in the activities is 19 stone and confirm that the child/ren do/es not exceed this weight.

I agree that I will not attempt to use any of the activity equipment or participate in the activities whilst accompanying the child/ren unless:

I am a registered participant;

I have signed a risk acknowledgement & waiver form as a participant in the activities;
I am aware of and have agreed to undertake the activities in accordance with the safety rules made available to me prior to participation (which can be seen on our website at www.jumpinjosephs.co.uk at Jumpin' Josephs, Clayhill Industrial Estate, Long Acres Road, Neston, CH64 3RL and the advice given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me prior to or during the session.

PARTICIPANTS UNDER 18 YEARS OLD THAT I WILL BE RESPONSIBLE FOR:

Add Children

Child 1 – Full name
Child 1 – Date of Birth
Child 1 Gender male/Female

Child 2 – Full name
Child 2 – Date of Birth
Child 2 Gender male/Female

Child 3 – Full name
Child 3 – Date of Birth
Child 3 – Gender male/female

Child 4 – Full name
Child 4 – Date of Birth
Child 4 Gender male/Female

Repeat for additional children

TO BE COMPLETED/ACKNOWLEDGED BY ALL

- I understand that the activities are used by multiple age groups at the same time and are not restricted to one age group.
- I understand that the activities are physically demanding, and involves jumping and other strenuous actions sometimes involving height, speed and unpredictable surfaces.
I understand that the activities are high-impact full body activity, which requires intense focus, awareness of my body's strengths and limitations, awareness of the environment around me and extreme caution at all times.
- I acknowledge that the activities are dangerous and there is risk of personal injury when undertaking such activities and participation can result in death or serious injury.
- I acknowledge that participation in the activities can result in personal injury including, but not limited to, friction burns, cuts, abrasions, bruising, muscle strains, twists, sprains, dislocation, broken bones, paralysis and accept that these injuries can occur through general use of the equipment and not always or necessarily as a result of defective equipment or negligence of Jumpin' Josephs.
- I acknowledge and accept that the activities require a moderate level of fitness and can be physically demanding and require physical effort and I/he/she/they should not undertake the activities unless I/he/she/they am/is/are physically able to.
- In the unlikely event of an accident, or loss or damage to any personal effects, I acknowledge that Jumpin' Josephs 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 Jumpin' Josephs negligence) and I waive all and any claims against Jumpin' Josephs in this respect.
- 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.
- I acknowledge that I (and my child/ren in my care if applicable) have been provided with safety rules and advice of Jumpin' Josephs in relation to the activities and that I have read and fully understood the above and accept the terms of participation freely and voluntarily without any inducement prior to signing/submitting this form.

Print name:

Relationship to child/ren:

Signature:

Date: