



## *injury waiver and general release form*

*first name:* \_\_\_\_\_

*last name:* \_\_\_\_\_ *birth date:* \_\_\_\_\_

*address:* \_\_\_\_\_

I wish to participate in indoor trampoline activities including, but not limited to trampolining, trampoline park access, trampoline dodgeball, café access, (collectively hereinafter called "the Activity") organised by Jump Boxx Indoor Trampoline Parks, trading as **Jump-Boxx**

I agree that I will carry out the activity in accordance with the specific safety instructions that I have received before undertaking the activity.

I agree to purchase and wear the **Jump-Boxx** rubber grip socks in accordance with the safety instructions and that I will follow the directives of **Jump-Boxx**, its management and staff at all times.

I confirm that 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** did not give me medical advice relating to my physical condition and ability to use the facilities.

I acknowledge that the Activity is potentially dangerous and that by participating in the Activity I am exposing myself to the possibility of personal injury.

I accept the risk of personal injury and/or property damage I am exposed to whilst participating in the Activity.

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 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 policy as outlined on [www.jump-boxx.com](http://www.jump-boxx.com)

*signed:* \_\_\_\_\_

*date:* \_\_\_\_\_

*phone:* \_\_\_\_\_

*email:* \_\_\_\_\_