

## Jump On In Waiver and Electronic Waiver Sign-up Sheet

☐ I am a Parent or Legal Guardian. Please enter the information below in the Jump On In waiver database.

*Parent/Guardian Info:*

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Email*	<input type="text"/>
Address 1*	<input type="text"/>
Address 2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/> Zip* <input type="text"/>
Phone*	<input type="text"/>
Mobile	<input type="text"/>

Child 1:

First*	<input type="text"/>
Last*	<input type="text"/>
Birthdate*	<input type="text"/> / <input type="text"/> / <input type="text"/>

Child 2:

First*	<input type="text"/>
Last*	<input type="text"/>
Birthdate*	<input type="text"/> / <input type="text"/> / <input type="text"/>

\* Indicates Required fields

### Waiver:

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, I, on my own behalf and on behalf of the minor(s) identified below, acknowledge, appreciate and agree that: I assume full responsibility for all participants listed above.

I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants.

Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by clicking Submit below for my children, and/or spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid for a period of two years from today's date. I agree that any dispute will be settled by arbitration.

Parent/Guardian Signature:

Date:

Please include me in e-mailings for special offers, discounts, coupons, news, etc.

Accept Decline

<input type="checkbox"/>	<input type="checkbox"/>
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