

Airborne Trampoline KW

115 Saltsman Dr. Unit 11
Cambridge, ON. N3H 4R7
(519) 653-7713

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

I acknowledge that there is a potential risk of injury involved in participating in any sport. Airborne Trampoline KW Inc. has tried to make its facility as safe as possible to prevent any injury from happening, but that does not guarantee that none will happen.

AWARENESS AND ASSUMPTION OF RISK

I am aware that trampolining involves risks including the risk of property damage, expense and related loss, including loss of income, personal injury, and death. Included in these risks, but not limited to, are mechanical failure of equipment, negligence on the part of Airborne Trampoline KW Inc. and its employees, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Airborne Trampoline KW Inc. AND OTHERS"). I freely accept and fully assume all of the aforementioned risks.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND IDEMNITY AGREEMENT

In consideration of Airborne Trampoline KW Inc. accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in the future against Airborne Trampoline KW Inc. AND OTHERS.
2. To release Airborne Trampoline KW Inc. AND OTHERS from any and all liability for any of the risks as listed in the "Awareness and Assumption of Risk" section, that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Airborne Trampoline KW Inc. AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators, and assigns.
5. That I give Airborne Trampoline KW permission to use any pictures taken of my child and/or myself for promotional use.
6. That this waiver covers all of the participants visits to Airborne Trampoline KW Inc.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST AIRBORNE TRAMPOLINE KW INC. AND OTHERS.

Full Name of Participant: (Please Print Clearly) _____ **Male** ___ **Female** ___

Date of Birth: D ___ M ___ Y _____ **Current Age of Participant:** _____

Full Address of Participant: (Please Print Clearly) **Street:** _____

City: _____ **Prov:** _____ **Postal Code:** _____ **Phone Number:** (_____) _____

***By adding my email address to this form I consent to being added to Airborne's emailing list for communication purposes and to receive information about special deals and programs.**

***Email address:** (Please Print Clearly) _____

Full Name of Parent or Legal Guardian: (If participant is under 18 years old) _____

Signature: _____

Date: D ___ M ___ Y _____