

BOUNCE TRAMPOLINE PARK ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BOUNCE TRAMPOLINE PARK, that is owned by MPH TRAMPOLINE PARKS INC.

I hereby certify that I (or my child) am physically fit and able to participate in this activity. I (or my child) have not been advised by a qualified medical professional not to participate in this kind or any form of strenuous activity. I certify that there are no health-related reasons or problems that preclude me (or my child) from participating in this kind of activity. I acknowledge that signing this document prevents me (or my child) from making any type of legal claim against Bounce Trampoline Park – MPH Trampoline Parks Inc.

I know that doing trampoline activities is a strenuous and hazardous activity and by its nature, despite exercising utmost care on the part of the owners, directors, officers and employees of MPH Trampoline Parks Inc., there is that chance for me (or my child) to sustain an injury. But despite this, I voluntarily requested that I (or my child) be allowed to experience doing trampoline at Bounce Trampoline Park. In consideration of my (or my child's) application and permitting me (or my child) to participate in this activity, I hereby take full responsibility for myself, (or my child) my executors, administrators, heirs, next of kin, successors, and assigns and hereby acknowledge the following:

(1.) I HEREBY WAIVE, RELEASE, AND DISCHARGE MPH TRAMPOLINE PARKS INC., (MPH) and/or its directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all forms of liability for my (or my child's) death, accident, disability, personal injury, property damage, property theft, property loss, or actions of any kind which may hereafter occur to me (or my child) including my traveling to and from this activity;

(2.) I WILL NOT ASK FOR INDEMNIFICATION MUCH LESS SUE MPH TRAMPOLINE PARKS INC., (MPH) and/or its directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all forms of liabilities or claims that may arise as a result of participation in this activity.

I acknowledge that MPH TRAMPOLINE PARKS INC. and their directors; officers, volunteers, representatives and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent for me, or my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand that while participating in this activity, my child or me may be photographed. I agree to allow my (my child's) photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. (If you do not wish for this to happen please simply inform the staff. Thank you)

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable laws.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGAL CONTRACT, WHICH I HAVE VOLUNTRAILY SIGNED OF MY OWN FREE WILL.

Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____
Participant's Name: _____	Participant's Signature _____	Date: _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date: _____

Please note: if you are not the Parent or guardian of the above listed under 18 year olds, but you are with a group of children, I hereby certify that I have been duly authorized by the child/children's parents and/or guardian to sign this waiver and should I sign this without such authority, I agree to be held criminally liable for perjury.

THIS ACTIVITY IS DONE AT YOUR OWN RISK. DO NOT ENTER THE PARK IF YOU DO NOT ACCEPT THE RISKS.
Any provision of this Waiver that may be declared contrary to law will not invalidated the rest of the provisions of this Waiver.