## **Action City Trampoline Park Waiver**

\*All fields are required

Group Name:		Event [	Event Date:		Event Time:			
Parent Information:				Child's Infor	mation:			
First Name:				First Name: _				
Last Name:				Last Name: _				
Date of Birth: MM	DD	YYYY_		Gender: F	M			
E-mail Address:				Date of Birth	: MM	DD	YYYY	
Mailing Address:								
City:	State:	Z	Zip:					
Phone Number:								
ACTIVITES include some know as well as following are some examples of INHEREN actions beyond the participant's capacity Jumping and striking poles or nets, baske Missing or misplaced padding or mats; O Each PARTICIPANT and each PARENT/GU comprehensive or all-inclusive, the types muscle strains and sprains, headaches, b concussions, and eye injuries. * CATASTR ACTION CITY ACTIVITIES, each PARTICIPA and 3) follow any instructions, command use the ACTION CITY property, facilities, ; PARTICIPANT, on behalf of myself, my he discharge, ACTION CITY, its owners, direct from liability from any and all claims arisis NOT TO SUE: 1, the PARTICIPANT, and/or to assist in the prosecution of any clair or dinary negligence of any of the Protect not institute any suit or action at law or c may have by reason of Injuries arising fror PARTICIPANT, and/or I as a PARENT/GUA above paragraphs and know that ACTION due to the participation and skill lew being and lifestyle. 1, hereby assert that t INDEMNIFICATION: 1, the PARTICIPANT, at js, defend and pay any judgment and cos due to the participation at ACTION CITY a I further agree to hold harmless, defend, fees) against any and all claims of co-part from the INHERENT RISKS of ACTION CITM a PARENT/GUARDIAN of a MINOR PARTICI release, waiver, assumption of risk and/or to bard the barbic barbic the barbic for dot due to the participation and sharp lark from the INHERENT RISKS of ACTION CITM a PARENT/GUARDIAN of a MINOR PARTICI release, waiver, assumption of risk and/or due to the participation and sharp lark for the start the participation for the appresention the sharp for due to the participation for the appresention the sharp for the sharp for the home the participation for the sharp for the participation for the sharp for the sharp for the participation for the sharp for the participation for the sharp for the participation for the participation for the participation for the participation for the participation for the participation for	IT RISKS associated , skill or ability; Bei tball rims, etc.; Jun ver-exertion; Comn ARDIAN of each MI of potential INJUR ruises, and abrasion OPHIC INJURY. Son NT and each PARED s, directions or adv and services, today irs, my parents my tors, officers, affili ng from the ordina 1 as a PARENT/GL/ m for damages or a ed Parties. I furthe therwise against a m any ACTION CIT RDIAN of a MINOR to, including investi rising from the ord and indemnify ACT icipants, rescuers, ACTIVITIES and th CIPANT, acknowled	with the ACTIO ng struck by a b poing off the pa- nunicable disea: NOR PARTICIPA IES can describe to some structure is errovided by and on all futur spouse (if marr yr ngeligence ol RRDIAN as a MIN ny cause of acti r expressly agre ny of the Protect Y ACTIVITES cal PARTICIPANT, ( volve INHEREN the types of inj ntray and that 1 T/GUARDIAN or igation costs, ati linary negligence. ION CITY and th and others arising from ge, understand for a substantia	N CITY ACTIVITIES and fac all or other thrown object di surface and landing on a ses; or Poor judgment or e NT must understand that ed as minor, serious or cat UURY. Some examples of catastrophic injuries are b of each MINOR PARTICIPAI any ACTION CITY personn re dates during the next tv ied), my representatives, a s, volunteers, independent f ACTION CITY or the other NOR PARTICIPANT, agree r ion which I may have by re e that my heirs, executors cted Parties, nor shall they used by or related to the n on behalf of myself, my he T RISKS which vary with th uries that may occur as a I knowingly assume all inhu- f ACTION CITY or Prote e Protected Parties (that ing from my conduct (or th n the ordinary negligence e ully higher participation fee	ilities: Collisions with equi ; Slipping or tripping and 1 , slipping or tripping irratic behavior by the pan INUURIES can occur as a ra astrophic: * MINOR INUUR serious injuries are broker rain damage, paralysis, he NT agrees to: 1) review a s el. RELEASE AND WAIVER velve months, 1, the PART and my assigns [hereafter contractors, equipment pr r Protected Parties arising rever to institute any suit ason of Injuries arising frod a dministrators, personal initiate or assist in the pr regligence of any of the Pr risr, my parents my spouse e activity. I understand th result of ACTION CITY ACT expenses) from any and al cted Parties. is, defend and pay any juod at of the minor) in the co of ACTION CITY or Protect pportunity, before volunt	ipment of other failing; Loss of gr foot under equi ticipant, other p esult of participa Y. These injuries hones, damage eart attack, and c safety video, 2) r OF LIABILITY FO CF LIABILITY FO CF LIABILITY FO CF LIABILITY FO CF LIABILITY FO or action at law orn any ACTION ( representatives of representatives cosceution of any otected Parties. e (if married), my e demands of th NTT or as a PAREI fend, and indern II claims of the R Igment and cost: uruse of participa ed Parties). RELE arily deciding to	participants; Atten ip or swinging on t pment padding; Ui articipants, or ACT ting in the ACTION may include, but i di lgaments and oi leath. SAFETY. Bef- eview and follow a R NEGLIGENCE: In I as a PARENT/GU/ eleasing Parties] di gents [hereafter re on in any ACTION ( or otherwise again CITY ACTIVITIES cat and/or anyone els claim for damage: EXPRESS ASSUMP? r representatives; ose activities relat potential impact of NT/GUARDIAN of a nnify ACTION CITY - eleasing Parties aris s, including investig tion at ACTION CITA: enter into the agri	pting stunts, mane he Ninja Warrior CC nexpected equipme ION CITY personne I CITY ACTIVITIES. W is not limited to, pa ther painful joint in ore participation in ill posted rules and consideration of pe RADIAN of a MINOF b hereby release, w ferred to as Protect CITY ACTIVITIES. CO st any of the Protect used by or related t is or cause of action FION OF RISKS: I, th and my assigns, hav we to each participant MINOR PARTICIPA and the Protected F sing from my injury gation costs and att Y (including claims I, the PARTICIPANT eement, to negotial	euvers or purses; ent failures; int failures; thile not inful juries, any policies, armission to aive, eed Parties] vENANT ted Parties o the ehalf, shall which they e re read the ant's s well- NT. Parties (that o roloss orney's ard/or l as and/or l as and/or l as and/or l as and/or l as and/or l as

hereby waive the right to bargain for terms different than those set forth herein. I, the PARTICIPANT, and/or I as a PARENT/GUARDIAN of a MINOR PARTICIPANT, confirm that this agreement supersedes any and all previous oral or written promises or agreements. I understand that this is the entire release agreement with ACTION CITY and cannot be modified or changed in any way by representations or statements by any agent or employee of ACTION CITY. I further expressly agree that the foregoing Release and Waiver of Liability, Covenant Not To Sue, Assumption of Risk, and Indemnification Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also understand that if any legal action is brought, the appropriate trial court for the County of Eau Claire in the State of Wisconsin has the sole and exclusive jurisdiction and that only the substantive laws of the State of Wisconsin shall apply.

Acknowledgment of Understanding: I, the PARTICIPANT, and/or I, as a PARENT/GUARDIAN of a MINOR PARTICIPANT, have read this Agreement and understand that I have given up substantial rights, including the right of both the participant and the parent or guardian to sue for damages in the event of death, injury, or loss. I acknowledge that I am voluntarily signing this agreement, and intend my signature to be a complete release of all liability, including that due to inherent risks and/or the ordinary negligence of the Protected Parties, to the greatest extent allowed by law of the State of Wisconsin. Additionally, I, the PARENT/GUARDIAN of a MINOR PARTICIPANT, assert that I have explained the risks of the activity to my minor son or daughter and that he or she understands this Agreement.

Signature of PARTICIPANT (if 12 years or older): Child(ren):

cillia(reñ):

\*Please note this waiver is valid for only the event date

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Parent Signature	

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