

SALT HILL ACTIVITY CENTRE TRAMPOLINE PARK



Waiver / Safety Agreement and Terms and Conditions

Before accessing our trampoline park all participants (or their parent/legal guardian/responsible adult) must register to participate by completing the form below. This is an important document and must be read before signing. You must be 18 years old or over to agree to these terms and conditions.

Please enter full name and date of birth of all members of your group taking part in this activity.

BOUNCER 1

First name	Last name	D.O.B.	D D M M Y Y
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BOUNCER 2

First name	Last name	D.O.B.	D D M M Y Y
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BOUNCER 3

First name	Last name	D.O.B.	D D M M Y Y
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BOUNCER 4

First name	Last name	D.O.B.	D D M M Y Y
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BOUNCER 5

First name	Last name	D.O.B.	D D M M Y Y
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BOUNCER 6

First name	Last name	D.O.B.	D D M M Y Y
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I wish to participate or am the parent/guardian/responsible adult for the child/ren listed above who are under 18 years old and whom are participating in the activities.

EVERYONE ACTIVE TRAMPOLINE PARK RULES

BEFORE YOU JUMP:

- Do not bounce if you have a pre-existing health condition that is contra-indicated to physical exercise unless medical advice has been sought.
- Do not jump if you are under the influence of alcohol or drugs or are pregnant.
- All items should be removed from pockets before bouncing including mobile phones and cameras.
- No keys, key-chains, sharp or pointed items in the Trampoline Park.
- No belt, buckles or studs on clothing.
- Removal of all jewellery is recommended especially necklaces or other items that could catch when bouncing.
- Everyone Active anti-slip socks must be worn whilst on the Trampoline Park.

WHILST YOU JUMP:

- It is your responsibility to avoid others. Always be aware of those around you.
- Only one bouncer per trampoline
- Bounce only within the jumping borders on each bed and always land on two feet.
- Do not land on head or neck.
- No double bouncing (using your bounce to bounce someone else on the same bed higher)
- No double somersaults or forward moving back flips (gainers)
- No climbing on the framework or containment netting.
- No wrestling, tackling, shoving or other kinds of horseplay
- No sitting or lying on the trampoline beds or foam pads.
- No eating, chewing or drinking whilst bouncing.
- No running, including across walkways.
- Always be aware of those around you.
- Always follow the court marshal's directions.

SAFETY AGREEMENT

I acknowledge that use of the Everyone Active facilities and participation in trampoline activities (including general trampoline park use, fitness classes and use of the foam pit) entails known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardising the essential qualities of the activity. The risks include, among other things and without limitation:

- Trampoline(s) expose its participants to the risk of friction burns, cuts and bruises (other more serious risks also exist).
- Participants often fall off equipment, sprain or break wrists and ankles and can also suffer more serious injuries.
- Traveling to and from trampoline location raises the possibility of any manner of transportation accidents.
- Double bouncing or more than one person per trampoline can create a rebound effect causing serious injury.
- Flipping, running and bouncing off the walls are dangerous and can cause serious injury and must be done at the participants' own risk.
- Similar risks are also inherent in using the Foam pit activities.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I warrant that I will only carry out moves and tricks that are within my ability level and throughout which I will be able to maintain control.

I acknowledge that prior to taking part it is necessary to undertake a safety briefing. During this briefing I will be provided with the necessary safety instructions by Everyone Active in relation to the activities and I agree to comply with these at all times while on the premises. If applicable I also agree to ensure all participants in my group under the age of 18 comply with the rules outlined in this safety briefing.

I understand that the activities provided by Everyone Active require a reasonable level of fitness and ability. I warrant that I nor any members of my group, do not have (or had) any medical condition including pregnancy that makes it dangerous for me/them to partake in such activities.

Should Everyone Active, or anyone acting on their behalf, be required to incur legal fees and costs to enforce this agreement, I agree to Indemnify and hold them harmless for all such fees and costs. This means that I will pay all of those legal fees and costs myself.

In consideration of being permitted by Everyone Active to participate in its activities and to use its equipment and facilities, now and in the future, I hereby agree to release, indemnify and forever discharge Everyone Active, its agents, owners, members, shareholders, Directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I declare I am 18 years old or older. If the participants I am bringing are minors (A person under the legal age of 18), I agree that this Release of Liability and Assumption of Risk Agreement is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian of the minor participant to bind the minor participant to this agreement or I have the authority from the child/ren's parent or guardian to sign this waiver on their behalf.

ADULT #1 DETAILS

First name	Last name
Signature	Date of signature D D M M Y Y

Please check the box to confirm you have read and accept the Everyone Active Trampoline Park waiver and ensure you have printed, signed and dated the above section ☐

ADULT #2 DETAILS

First name	Last name
Signature	Date of signature D D M M Y Y

Please check the box to confirm you have read and accept the Everyone Active Trampoline Park waiver and ensure you have printed, signed and dated the above section ☐

Everyone Active will manage your data securely and in accordance with all relevant Data Protection laws. We will use your data for managing the services we provide. Full details of how we manage your data can be found in our privacy policy at www.everyoneactive.com/privacypolicy. I agree to you holding my data ☐.