



Risk Acknowledgement Form

THIS IS AN IMPORTANT DOCUMENT AND MUST BE READ & UNDERSTOOD BEFORE SIGNING

Before participating at 'Air Jump (Southern) Ltd, all participants must register to participate by completing the form below.

Participants under the age of 18 must have the form completed by a parent or legal guardian

.TO BE COMPLETED BY ALL

Your Full Name:

ONLY TO BE COMPLETED IF OVER 18 AND PARTICIPATING

Email address:

Address:

Mobile phone number:

Gender: Male/ Female

Date of birth:

I wish to participate in the activities including, but not limited to trampoline park access, trampolining, fitness classes, basketball, foam pit, airbag, walk the wall, performance trampolines, battle beam, Air By Night, jump tower and augmented climbing wall. (collectively hereinafter called "the Activities") organised by Air Jump (Southern) Ltd ("the Company") within 12 months of the date of completion of this form.

I am eighteen years old or older.

I agree that I will undertake the Activities in accordance with the safety rules made available to me prior to participation (which can be seen on our website at www.airjumptrampolinepark.co.uk and 'rules boards in reception and displayed within the trampoline park) and the advice given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me prior to or during the session.

I agree to wear Air Jump anti-slip grip socks whilst participating in the Activities.

I acknowledge that I am responsible for my own safety (and the safety of my possessions) while undertaking the Activities.

I certify that to the best of my knowledge that I am in good physical condition and I do not have any medical condition which might have the effect of making it more likely that I will be involved in an incident which could result in injury to myself or others.

Page 1 of 4

Air Jump (Southern) Ltd
Unit 5A Lagoon Road
Orpington, Kent BR5 3QX
Risk Acknowledgement Ver 1.0



I certify that I have no pre-existing medical conditions which, could through participation in the Activities, result in injury to myself or damage to my health.

I certify that to the best of my knowledge I am not pregnant.

I acknowledge that the maximum permitted weight for participation in the Activities is 120 kg and confirm that I do not exceed this weight.

ONLY TO BE COMPLETED IF YOU HAVE UNDER 18 YEAR OLD WITH YOU THAT ARE PARTICIPATING

I am the parent/guardian of the child/ren listed below who is/are under 18 years of age. I consent to allow that/those child/ren to participate in the activities including, but not limited to trampoline park access, trampolining, fitness classes, basketball, foam pit, airbag, walk the wall, performance trampolines, battle beam, Air By Night, jump tower and augmented climbing wall. (Collectively hereinafter called "the Activities") organised by Air Jump (Southern) Ltd ("the Company") within 12 months of the date of completion of this form.

I declare that if I am not the parent or guardian of the child/ren I have authority from the child/ren's parent or guardian to sign this risk acknowledgement & waiver form.

I acknowledge the risk on their behalf.

I confirm that I am responsible for the child/ren in my care and undertake to ensure that he/she/they undertake the Activities in accordance with the safety rules made available prior to participation (which can be seen on our website at www.airjumptrampolinepark.co.uk and 'rules boards in reception and displayed within the trampoline park.') and the advice that I and he/she/they will be given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me and he/she/them prior to or during the session.

I agree to ensure the child/ren wear(s) Air Jump anti-slip grip socks whilst participating in the Activities.

I acknowledge that I am responsible for the safety & supervision of the child/ren named below (and the safety of our possessions) and that Air Jump (Southern) Ltd do not provide supervision of children whilst using the premises or if left unattended on the premises. I will ensure that I pay particular attention to any under 16 year olds and will supervise them at all times.

I certify that to the best of my knowledge the child/ren is/are in good physical condition and do not have any medical condition which might have the effect of making it more likely that he/she/they be involved in an incident which could result in injury to him/her/themselves or others (if in any doubt, please check with the child/ren's parent or guardian).

I certify that the child/ren have no pre-existing medical conditions which, could through participation in the Activities, result in injury to them or damage to their health.

I certify that to the best of my knowledge the child/ren is/are not pregnant.

I acknowledge that the maximum permitted weight for participation in the Activities is 120 Kg and confirm that the child/ren do/es not exceed this weight.

I agree that I will not attempt to use any of the activity equipment or participate in the Activities whilst accompanying the child/ren unless:

I am a registered participant;

I have signed a risk acknowledgement & waiver form as a participant in the Activities;

I am aware of and have agreed to undertake the Activities in accordance with the safety rules made available to me prior to participation (which can be seen on our website at www.airjumptrampolinepark.co.uk and 'rules boards in reception and displayed within the trampoline park) and the advice given in the pre-participation safety briefing to be undertaken prior to participation, together with any oral instructions or advice given to me prior to or during the session.

**Participants under 18 years old that I will be responsible for:
Add children**

First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Male / Female	M F	Male / Female	M F
Contact Number		Contact Number	

First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Male / Female	M F	Male / Female	M F
Contact Number		Contact Number	

First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Male / Female	M F	Male / Female	M F
Contact Number		Contact Number	

REPEAT FOR ADDITIONAL CHILDREN

TO BE COMPLETED/ACKNOWLEDGED BY ALL

I understand that the Activities are used by multiple age groups at the same time and are not restricted to any one age group.

I understand that the Activities are physically demanding and involve jumping and other strenuous actions sometimes involving height, speed, and unpredictable surfaces.

I understand that the Activities are a high-impact, full body activity which requires intense focus, awareness of my body's strengths and limitations, awareness of the environment around me, and extreme caution at all times.

I acknowledge that the Activities are dangerous and there is a risk of personal injury when undertaking such Activities and participation can result in serious injury or death.

I acknowledge that participation in the Activities can result in personal injury including, but not limited to, friction burns, cuts, abrasions, bruising, muscle strains, twists, sprains, dislocation, broken bones and paralysis and accept that these injuries can occur through general use of the equipment and not always or necessarily as a result of defective equipment or negligence of the Company.

I acknowledge and accept that the Activities require a moderate level of fitness and can be physically demanding and require physical effort and I/he/she/ they should not undertake the Activities unless I/he/she/they am(is/are) physically able to.

In the unlikely event of an accident, or loss or damage to any personal effects, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activities (except for death or personal injury caused by the Company's negligence) and I waive all and any claims against the Company in this respect.

I acknowledge and accept that CCTV images of all park entrants will be monitored and recorded throughout the premises for the purposes of public safety and crime prevention.

I acknowledge that I (and my child/ren in my care if applicable) have been provided with safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above and accept the terms of participation freely and voluntarily without any inducement prior to signing/submitting this form.

Print name:

Relationship to child/ren:

Signature:

Date: