

JUMP-N-JAMMIN WAIVER FORM

Jumper: _____ DOB _____ / _____ / _____

Jumper: _____ DOB _____ / _____ / _____

Jumper: _____ DOB _____ / _____ / _____ (PARENT)

Address/Street _____ Town _____ zip _____

Phone #: _____ (required) EMAIL: _____ (for open jump updates)

I am aware that participation in the use of inflatable's and the gymnastic gym can be a dangerous activity, involving many risks of injury. Because of the dangers of the sport & the placement/use of various equipment, I understand the importance of following the instructions regarding safety rules & agree to obey all instructions. I, the parent/guardian, am aware of the risks & hazards associated with gymnastics, trampoline, tumbling, and inflatables. Participants may suffer injuries, possibly minor, serious, or catastrophic in nature. **I hereby assume all risk associated with the use of all inflatable and gymnastic equipment** and I agree to hold GU/WHIZ KIDS DAYCARE INC. and its employee's harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with my child's or my participation. I certify that I have informed the staff of any mental or physical condition in the space provided below. Furthermore, I have read the brochure, Rules and policy sheet, understand all the policies, and will carry my own medical insurance. Please note below any mental, emotional or physical condition your child may have that can impede them while participating at an event at Jump-n-Jammin. This will help our staff to better meet the specific needs of your child. Thank you.

Does your child have ALLERGIES? Yes ___ NO ___ if so please list: _____

In the event I cannot be reached in a medical emergency occurring at Jump-n-Jammin / Whiz Kids Inc, and in the event that my family physician cannot be reached in an emergency, I hereby give permission to Whiz Kids to use Bristol Hospital and/or the nearest hospital or Emergency Medical facility for my child's emergency treatment and the emergency Medical Services (911) for transportation. I give permission for my child to be treated by the Emergency Medical Staff.

PARENT/GUARDIAN _____ / _____ DATE _____ / _____ / _____
Signature / printed name

PLEASE WRITE LEGIBLY

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