



Risk Acknowledgement & Waiver Form

This is an important document and you must read it before signing

TO BE COMPLETED BY ALL

Name of Person Booking

Your Full Name
(If different **Must be OVER 16**)

First line of address

Postcode

Date of birth DD / MM / YY

ONLY TO BE COMPLETED IF OVER 16 AND BOUNCING

Mobile phone number

Email

- I wish to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access including all activities contained within and fitness classes, (collectively hereinafter called "the Activities") organised by a wholly owned or franchise of Inflata Nation ("the Company") within 12 months of the date of completion of this form.
- I am sixteen years old or older.
- I agree that I will undertake the Activities in accordance with the safety rules and advice that I receive along with any oral instructions or advice given to me prior to or during the session. In addition, I agree to wear 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 I do not have a 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. To the best of my knowledge I am not pregnant.

ONLY TO BE COMPLETED IF YOU HAVE UNDER 18 YEAR OLDS WITH YOU THAT ARE BOUNCING

- I am the parent/guardian of the child/ren listed below who is/are under 18 years of age. I wish that/those child/ren to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access, including all activities contained within (collectively hereinafter called "the Activities") organised by a wholly owned or franchise of Inflata Nation ("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 agree that I am solely 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 and advice that I and he/she/they receive along with any oral instructions or advice given to me and he/she/them prior to or during the session. In addition I agree to ensure the child/ren wear(s) socks whilst participating in the Activities.
- I acknowledge that I am responsible for the safety and supervision of the child/ren named below (and the safety of our possessions). I will ensure that I pay particular attention to any under 14 year olds and will supervise them at all times.
- I certify that to the best of my knowledge the child/ren do not have any medical conditions (including pregnancy) 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 parents or guardian).

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

	First Name	Surname	Date of birth (DD/MM/YY)	Age
1.				
2.				
3.				
4.				

(Please use another form for any additional under 18's)

TO BE COMPLETED BY ALL

- I acknowledge and accept that the Activities require a moderate level of fitness and can be physically testing and I/he/she/they should not undertake the Activities unless I/he/she/they am(is/are) physically able to. I acknowledge and accept that the Activities are dangerous and there is a risk of personal injury when undertaking such Activities.
- 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 crime prevention and public safety.

I acknowledge that I and my child/ren (if applicable) have been provided with the safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above prior to my signing below.

Signature

Date

YES, I would like to join the V.I.B. (Very Important Bouncers) club so that I can receive exclusive discounts and special offers via text and email. I understand it is free to join and I can end my membership at any time. Tick to join today!

