

RISK ACKNOWLEDGEMENT AND WAIVER FORM - Trampolining
Participant aged 18+

****BEFORE SIGNING THIS DOCUMENT, YOU SHOULD CAREFULLY READ THE TERMS AND CONDITIONS SET OUT BELOW****

PLEASE COMPLETE	
Name:	
Address (including postcode):	
Date of birth:	
Mobile:	
Email address:	
Emergency contact name & relationship to you:	
Emergency contact number:	

1. I wish to participate in trampolining activities including, but not limited to trampolining, trampoline park access, fitness classes, aerial training and foam pit activities ("the Activities") organised by ROF59, its agents and employees.
2. I am eighteen years of age or older.
3. I have been provided with a copy of the Conditions of Use of Trampolines and Centre Rules and have read and understood them.
4. I acknowledge that participation in the Activities requires a moderate level of fitness and can be physically demanding, and that there are risks of injury including serious bodily injury, permanent disability, paralysis and loss of life.
5. I agree that I will undertake the activities in accordance with the Centre Rules, written safety guidance and advice I receive from members of staff prior to and during my use of the Centre and participation in the Activities.
6. 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.
7. I confirm that I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to participate in the Activities.
8. I accept sole responsibility for my own safety, conduct and actions.
9. I have received and understood the safety briefing
10. In the event of an accident, or loss or damage to any personal effects, I acknowledge that the Centre 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 Centre's negligence) and I waive all and any claims against the Centre in this respect.

Print Name:

Signature:

Date: