

RISK ACKNOWLEDGEMENT AND WAIVER FORM - Trampolining
For participants aged under 18

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

PLEASE COMPLETE	
Name:	
Address (including postcode):	
Mobile:	
Email address:	

- I am aged 18 or over and I am the supervising and responsible adult for the child/ren listed below who is/are under 18 years of age. I wish that/those child/ren 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.
- I can confirm that I have authority from each child's parent/guardian to permit them to participate in the Activities and to sign this Risk Acknowledgement and Waiver Form.
- I have been provided with a copy of the Conditions of Use of Trampolines and Centre Rules and have read and understood them.
- 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.
- I certify that to the best of my knowledge the child/ren in my care does/do not have any medical condition (including pregnancy) which might have the effect of making it more likely that they will be involved in an incident which could result in injury to themselves or others.
- I confirm that I will supervise the child/ren named below and be responsible for the safety of their possessions. I will ensure they understand and follow the safety guidance and advice received from me and members of staff prior to and during their use of the Centre and participation in the Activities.
- I confirm that none of the children are under the influence of alcohol or any illicit or prescription drugs which would in any way impair their ability to participate in the Activities.
- I accept sole responsibility for the safety, conduct and actions of each of the children named below.
- I can confirm that the child/ren named below have received and understood the safety briefing
- 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

Signature:

Date:

	First Name	Surname	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					