



**iJump Tyler Trampoline Park and Ninja Course
RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

iJUMP, LLC RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK iJUMP, LLC, RELEASE AND PARENT/GUARDIAN WAIVER OF LIABILITY AND ASSUMPTION OF RISK PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING THIS DOCUMENT, YOU ARE GIVING UP LEGAL RIGHTS.

I, the undersigned on my behalf and, if applicable, my child/ward named below (collectively "RELEASOR"), hereby acknowledge that I and my child/ward, desire to voluntarily participate in the activities and services provided by iJUMP, LLC, and its affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the iJUMP, LLC facility (collectively, iJUMP, LLC or "RELEASEES"), including but not limited to, the use of the equipment, facilities, trampolines, inflatables, its' foam dart shooting mechanisms, , "ninja course," "little ninja course," obstacles and obstacle course(s) (including all equipment attached or unattached), "Warped Wall," runways, instructional courses, instructional information, strenuous bodily movement, and the premises (hereinafter collectively referred to as "iJUMP, LLC ACTIVITIES & SERVICES"), and further agree and acknowledge as follows:

ASSUMPTION OF RISK: I, the undersigned, understand and acknowledge that iJUMP, LLC; ACTIVITIES AND SERVICES has varying effects on individuals based upon their size, age, physical condition and/or state of health. I further recognize, acknowledge and agree that it is my sole decision whether to consult with a medical professional prior to participating in iJUMP, LLC ACTIVITIES AND SERVICES and that iJUMP, LLC recommends that participants consult with a medical professional prior to participating in iJUMP, LLC ACTIVITIES AND SERVICES, especially if a member has had a recent injury, surgery, pregnancy or other health condition. I, and/or my child/ward, have either consulted a physician and received medical advice and consent to participation in iJUMP, LLC ACTIVITIES AND SERVICES or have waived such advice and consent of a physician and accept any and all RISKS. I am assuming, on behalf of myself and/or child/ward, all risk of personal injury, death, or disability to myself and/or child/ward that may result from participation, or any damage, loss or theft of any personal property which me and/or child/ward may incur.

I am aware, understand and acknowledge that participation in iJUMP, LLC ACTIVITIES AND SERVICES is a potentially hazardous activity and involves inherent risks of danger or injury, including but not limited to, sprains, strains, fractures, concussions, contusions, lacerations, abnormal blood pressure, heart disorders, fainting, shortness of breath, chest pain, strokes, heart attack, or even death that can occur (hereinafter collectively referred to as "RISKS"). I am voluntarily participating in iJUMP, LLC ACTIVITIES AND SERVICES with the knowledge of the danger involved with the RISKS and with the knowledge that staff assistance and/or medical facilities may not be available in the event of illness or injury.

I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, ILLNESS, OR DEATH INHERENT IN iJUMP, LLC ACTIVITIES AND SERVICES AND VERIFY THIS STATEMENT BY PLACING MY SIGNATURE BELOW.

RELEASE OF LIABILITY: I understand that myself, and/or child/ward, will be engaging in iJUMP, LLC ACTIVITIES AND SERVICES using the iJUMP, LLC facility and it is my voluntary and informed decision to release any future lawsuits or claims that I and/or they have or may have against the RELEASEES. RELEASOR expressly releases and forever discharges and holds harmless RELEASEES from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, or death to me or my child/ward, while participating in the iJUMP, LLC ACTIVITIES AND SERVICES. This release and indemnification agreement is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of any RELEASEES or from any other cause including (but not limited to) any cause or act of negligence by any RELEASEE. This Waiver and Release of Liability includes, but is not limited to, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facility in any way by anyone; (b) use of any equipment that malfunctions or breaks; (c) improper maintenance of the facility, grounds, or any equipment; (d) instruction or supervision; or (e) slipping, tripping and /or falling while in the facility or on the surrounding premises; or (f) any of the other RISKS.

As consideration for being permitted by iJUMP, LLC to participate in iJUMP, LLC ACTIVITIES & SERVICES, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, or sue iJUMP, LLC, or its past, present or future parent, subsidiaries, affiliates, other related entities, successors, owners, members, directors, officers, shareholders, agents, employees, servants, assigns, investors, legal representatives and all individuals and entities involved in the operations of iJUMP, LLC for injury, illness, death or damage resulting from my participation in iJUMP, LLC ACTIVITIES & SERVICES and the RISKS involved therein.

I further grant iJUMP, LLC the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.



I, HEREBY ASSUME ALL RISK AND FULLY RELEASE, ACQUIT, REMISE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE iJUMP, LLC, ITS PARENT, SUBSIDIARIES, AFFILIATES, OTHER RELATED ENTITIES, SUCCESSORS, OWNERS, MEMBERS, DIRECTORS, OFFICERS, SHAREHOLDERS, AGENTS, EMPLOYEES, SERVANTS, ASSIGNS, INVESTORS, LEGAL REPRESENTATIVES AND ALL INDIVIDUALS OR ENTITIES INVOLVED IN THE OPERATIONS OF iJUMP, LLC, OF AND FROM ANY AND ALL PAST, PRESENT AND FUTURE CLAIMS ARISING FROM THEIR ACTS AND/OR OMISSIONS, INCLUDING BUT NOT LIMITED TO, DEMANDS, OBLIGATIONS, ACTIONS, CAUSES OF ACTION, RIGHTS, DAMAGES, COSTS, NEGLIGENCE CLAIMS, GROSS NEGLIGENCE CLAIMS, ASSAULT CLAIMS, DECEPTIVE TRADE PRACTICE CLAIMS, CONTRACT CLAIMS,

INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS CLAIMS, PERSONAL INJURY CLAIMS, PREMISES LIABILITY CLAIMS, PRINCIPAL-AGENT LIABILITY CLAIMS, MENTAL ANGUISH CLAIMS, PAIN AND SUFFERING CLAIMS, PHYSICAL IMPAIRMENT CLAIMS, DISFIGUREMENT CLAIMS, LOST WAGES CLAIMS, LOSS OF EARNING CAPACITY CLAIMS, WARRANTY CLAIMS, PUNITIVE DAMAGES CLAIMS, EXEMPLARY DAMAGES CLAIMS, AND ANY OTHER FORM OF COMPENSATORY CLAIMS OF ANY NATURE WHATSOEVER, WHETHER BASED ON A TORT, CONTRACT, OR OTHER THEORY OF RECOVERY, WHETHER SAME BE KNOWN AND REALIZED OR UNKNOWN AND NOT REALIZED, THAT I, MY ASSIGNEES, HEIRS, DISTRIBUTES, GUARDIANS OR LEGAL REPRESENTATIVES NOW HAVE, HAVE HAD, OR EVER WILL HAVE; FOR INJURY, ILLNESS, DEATH, OR DAMAGE RESULTING FROM MY PARTICIPATION IN iJUMP, LLC ACTIVITIES & SERVICES AND THE RISKS INVOLVED WITH SAME. THIS RELEASE IS INTENDED BY BOTH PARTIES TO BE AS BROAD IN ITS EFFECT AS ALLOWED BY LAW.

I AND MY CHILD HAVE A RESPONSIBILITY TO OURSELVES AND TO OTHER USERS OF THE iJUMP, LLC FACILITY AND TO CONDUCT OURSELVES IN A SAFE MANNER. If we are unsure of what our responsibilities are at any time, we will ask an employee of the facility. Neither I nor my CHILD will use the facility while under the influence of drugs or alcohol or while in any other condition that would cause impairment.

I HEREBY GIVE CONSENT TO iJUMP, LLC TO PROVIDE MEDICAL CARE AND TO GIVE AUTHORITY TO ANY MEDICAL PROVIDER TO GIVE IMMEDIATE CARE TO MY CHILD. [] Initials v v R, RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND A LEGAL CONTRACT BETWEEN ME AND iJUMP, LLC, AND THAT IT AFFECTS MY LEGAL RIGHTS. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL. A COPY OF THIS DOCUMENT IS AUTHENTIC AND AS EFFECTIVE AS THE ORIGINAL.

Print name of Adult / Parent / Responsible Guardian		Adult's Birth Date	Adult's Age
Address		City Zip State	
Email		Emergency Phone Number	
Print Name of Participant	Minor's Date of Birth	Age	
Print Name of Participant	Minor's Date of Birth	Age	
Print Name of Participant	Minor's Date of Birth	Age	
Print Name of Participant	Minor's Date of Birth	Age	
Print Name of Participant	Minor's Date of Birth	Age	
Signature of participant over 18 or Parent/Legal Guardian of Minor		Date	