

DAS DANMINE YOUTH CENTER, LLC

DAS DANMINE FAMILY FUN CENTER

108 E WARD STREET, ELIZABETH CITY NC 27909



WAIVER AND ASSUMPTION OF RISK

I, (Print First and Last Name) _____, Adult Participant or Parent/Guardian of Participating Child(ren) age 17 years or younger, voluntarily sign this Waiver and Assumption of Risk in favor of the Owners, inconsideration for the opportunity to use the Owner's facilities and/or the opportunity to receive instruction from the Owners or the Owner's employees, and/or to engage in the activities sponsored by the Owners, as follows:

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I waive and release the Owners from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction.

I am a competent adult, aged _____, and I assume these risks of my own free will.

_____ (initial). I have read and understand the **WAIVER AND ASSUMPTION OF RISK** for the Adult Participant and the Participating Children age 17 years or younger.

JUMPER/BOUNCER AND TRAMPOLINE RELEASE OF LIABILITY

WAIVER AND ASSUMPTION OF RISK

IN CONSIDERATION OF being permitted to use the Jumper/Bouncer and Trampoline and related facilities, the undersigned acknowledges and agrees to the following:

1. Participant will abide by all policies and procedures regarding jumper/bouncer and trampoline activities;
2. Risks and dangers exist during jumper/bouncer and trampoline activities. These risks include physical injuries, psychological injuries and even the possibility of loss of life;
3. Each person is responsible for his/her actions and those of his/her children on and around the jumper/bouncer and trampoline and agrees to abide by all posted rules, policies and procedures in order to maintain the utmost level of safety;
4. I hereby assume all of the risks of participating in the jumper/bouncer and trampoline activities and will hold the owners/operator and its employees, agents, officers, trustees and affiliates harmless from any and all liability, actions, demands, damages, expenses, costs, claims and causes of action of any

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possible nature in respect of injury, death loss or damage to myself, child or property however caused as a result of or in any way relating to my activities in and around the jumper/bouncer and trampoline;

5. I further agree to indemnify and hold harmless the owners/operator, its employees, agents, officers, trustees and affiliates from and against any and all liability incurred as a result of or in any manner related to my participation in jumper/bouncer and trampoline activities;

6. If, despite the signing of this waiver, a lawsuit is brought against the owners/operator, its employees, agents, officers, trustees or affiliates in relation to participation in the jumper/bouncer and trampoline activities, I agree to pay for any and all court costs and attorney fees incurred as a result of such litigation;

7. I also declare that neither I nor my children, if applicable, are under the influence of any chemical substance including alcohol at the time of the signing of this release or at the time of participation in jumper/bouncer and trampoline activities;

8. I agree that if any provision of this release is found to be unenforceable or invalid in any way, the remaining provisions will remain in force and effect; Jumper/Bouncer and Trampoline Release of Liability & Assumption of Risk;

9. I fully understand that jumper/bouncer and trampoline activities involve a certain level of risk of injury. My participation in these activities and my signing of this waiver are completely voluntary.

____(initial). I have read and understand the **JUMPER/BOUNCER AND TRAMPOLINE RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF RISK** for the Adult Participant and the Participating

*******WAIVER AND ASSUMPTION OF RISK FORMS ARE EFFECTIVE UNTIL DECEMBER 31ST OF THE CURRENT CALENDAR YEAR*******

ADULT PARTICIPANT INFORMATION

Signature of Adult Participant _____ Date __/__/__

Address, City, State, and Zip Code _____

PARTICIPATING CHILD(REN) AGE 17 YEARS OR YOUNGER

(Print First and Last Name)

_____ age _____, _____ age _____

_____ age _____, _____ age _____

_____ age _____, _____ age _____