## **FLIP OUT UK WAIVER FORM**

## THIS DOCUMENT IS IMPORTANT. YOU MUST READ IT BEFORE SIGNING.

In order to participate in indoor activities including, but not limited to trampolining, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, fitness classes, climbing, use of the challenge course, trampoline courts, foam pit activities, café access and any other amusement activities (collectively hereinafter called the "**Activities**") organised by Flip Out UK, its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners and any and all other persons and entities acting in any capacity on its behalf (collectively "Flip Out UK"), I agree as follows:

## 1. I am:

- (a) aged 18 years or above and wish to participate in the Activities;
- (b) the parent/legal guardian of the participants listed below who are under the age of 18 ("Participants") and I grant permission for the Participants to participate in the Activities; or
- (c) not the Participant's parent/legal guardian, but I can confirm that I am aged 18 years or above and declare that I have the authority from their parents/legal guardians to sign this waiver form.
- 2. I agree that I am responsible for the Participants and that I will, and will ensure that the Participates will, carry out the Activities in accordance with the Site Rules and any specific safety rules and instructions that we have received from Flip Out UK before and during undertaking the Activities, including the rules posted in the facility and on Flip Out UK's website (www.flipout.co.uk).
- 3. I will, and shall ensure that the Participants will wear any safety equipment provided by Flip Out UK in accordance with its safety instructions and that I and the Participants will follow the directives of Flip Out UK's personnel at all times.
- 4. I confirm that I am, and the Participants are, in good physical condition and that to the best of my knowledge none of us has any medical impairments or other reason that may prevent me or the Participants from participating in any of the Activities or which would make it more likely that any of us would be involved in an incident which could result in injury to any of us or others. I confirm that to the best of my knowledge that I, and none the Participants (1) are pregnant (2) have a heart condition or (3) are wearing a plaster cast. If I have any concerns about my physical condition or that of any of the Participants, I will consult my doctor or a doctor before I or the relevant Participant participates in the Activities.
- 5. I confirm that if, whilst taking part in the Activities, there is an adverse change in mine or any of the Participants listed below's medical condition, that I will not continue to take part in the Activities and will prevent the relevant Participant from continuing to take part in any Activities.
- 6. I acknowledge that Flip Out UK did not give me or any of the Participants medical advice relating to my or their physical condition and ability to take part in any Activities.
- 7. I acknowledge that participation in the Activities may be physically demanding and that there are risks of injury, including serious bodily injury, permanent disability, paralysis and loss of life, to me or the Participants. I acknowledge, that if I or any of the Participants suffer an accident or any loss or damage whilst participating in an Activity or whilst at the Flip Out UK facility then Flip Out UK will not be liable for any direct or indirect loss, damage or injury arising from or in connection with such accident, loss or damage (except in respect of death or personal injury caused by Flip Out UK's negligence) and I waive all and any claims against Flip Out UK in this regard both for myself and on behalf of the Participants.

- 8. I hereby agree to indemnify Flip Out UK against all claims made by any other person against Flip Out UK in respect of any injury, loss or damage arising out of or in connection with my failure or the failure of any Participant to comply with Flip Out UK's terms and conditions, the Site Rules or to comply with the safety instructions and/or directions of Flip Out UK, its management or staff.
- 9. By entering a Flip Out UK facility and participating in any Activities, I hereby grant Flip Out UK the irrevocable right and permission to photograph and/or record me and any Participants in connection with Flip Out UK and to use any photographs and/or recordings for any purposes, including advertising and promotional purposes. I, on behalf of myself and each Participant, waive any right to inspect or approve the use of the photographs and/or recordings and acknowledge and agree that the rights granted to this release are without compensation of any kind. I agree that, if I do not want Flip Out UK to have any of the permissions set out in this paragraph, I will confirm this [in writing] to one of Flip Out UK's personnel prior to taking part in any Activity pursuant to my booking. NOT AGREED BY Central Lancaster High School
- 10. I confirm that neither I nor any of the Participants is under the influence of drugs or alcohol.

I acknowledge that I have read and fully understand the above prior to my signing below and I confirm acceptance of Flip Out UK's Site Rules, Terms & Conditions and Privacy Policy as outlined on www.flipout.co.uk. I also acknowledge that all Participants have received, read and understood Flip Out UK's Site Rules in relation to the Activities.

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No.	Name of Participant	Age
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6		
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10		