

**Ole Brook Jump-n-Jive: WAIVER OF LIABILITY**

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the opportunity to use the facility, or to participate in any parties or activities at/by Jump-n-Jive.

, for myself, my child or ward acknowledge and understand that there are dangers and risks associated with the activities at/by Ole Brook Jump-n-Jive and agree to assume all risk of personal injury, including the potential for paralysis and death.

I, for myself, my child or ward agree to follow the safety instructions provided and acknowledge that failure to do so may result in expulsion from Ole Brook Jump-n-Jive.

I, for myself, my child or ward, and on behalf of my or their heirs, assigns, personal representatives and next of kin, **HEREBY HOLD HARMLESS** Ole Brook Jump-n-Jive, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all liability for any such personal injury, disability, death or loss or damage to person or property to the fullest extent of the law. I, for myself, my child or ward consent to the publication of personal pictures which may be taken by Ole Brook Jump-n-Jive personnel or their representative. Publication may include but not be limited to, marketing materials and website.

**I understand that this document is a contract and that I have read it thoroughly and understand the terms.**

Participants Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

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Participants Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian of Child: (signature) \_\_\_\_\_

Date of Consent: \_\_\_\_/\_\_\_\_/2017

Print Parent/Guardian Name: \_\_\_\_\_

Consent Expires: \_\_\_\_/\_\_\_\_ 2018

Emergency Contact Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_