



## PARTICIPANT RELEASE AND WAIVER FORM

**DUTY OF PARTICIPANTS:** I am aware and acknowledge that some activities conducted at **Jump Station FL, LLC** may be hazardous and potentially dangerous to participants regardless of safety measures taken, and that as a participant I have a duty to act as a reasonably prudent person when engaging in the recreational activities offered by **Jump Station FL, LLC**.

**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:** I understand and acknowledge that the activities which I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself or property, or to spectators or other third-parties. I am participating in these activities with the knowledge of the dangers involved and hereby agree to accept and assume any and all risks for injury, death, illness, disease, or property damage. My participation in these activities is purely voluntary; no one is forcing me to participate and I elect to participate in spite of the known and unknown risks.

**RELEASE:** In consideration for my participation, I hereby agree to release and hold **Jump Station FL, LLC**, and its principals, directors, officers, agents, employees, volunteers, and assigns harmless from any and all liability, whether caused by the negligence of **Jump Station FL, LLC**, my negligence, or the negligence of anyone else, for any claim, judgment, loss, liability, cost or expenses (including, without limitation, attorney's fees and costs), and hereby waive any and all claims including any claim for property damage, illness or personal injury (minimal, serious, catastrophic and/or death) arising from my participation in the activities conducted at **Jump Station FL, LLC**.

I hereby warrant that I have read this Liability Release and Waiver Form in its entirety and fully understand its contents, and that by signing this Form I am giving up legal rights and/or remedies which may be available to me. I am aware that this Liability Release and Waiver Form releases **Jump Station FL, LLC** from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness.

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian (Printed): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby agree to the above provisions on behalf of the above named minor child.

Parent/Guardian (SIGNATURE): \_\_\_\_\_

Date: \_\_\_\_\_

**SOCKS REQUIRED IN JUMP STATION FL, LLC**