



RISK WARNING AND AGNOWLEDGEMENT

Please read, fill in and sign before you participate.

You are advised that participation in the following activity comes with Obvious Risks as defined by the Civil Liability Amendment (Personal Responsibility) Act.

YOU ARE PARTICIPATING AT YOUR OWN RISK.

To ensure that you understand this, please answer the following.

Tick the box if you agree:

- ☐ I understand that the use of amusement devices involves risks that may cause various injuries and that such injuries may result in death or serious disability. I also understand that this is physically demanding and in susceptible people may cause panic, hyperventilation or heart attack.
- ☐ I have been advised of the risks of participation. I wish to participate and do so entirely at my own risk of injury or bodily harm to myself.
- ☐ Patrons using amusement devices, must take reasonable care for their own health and safety and must not adversely affect the health and safety of other persons.
- ☐ Please adhere to the rules for each Jumping castle displayed. Such as age restrictions.
- ☐ I understand that not under any circumstances is there to be flips or dives or any other dangerous manoeuvre that could endanger myself or surrounding participants, while participating on an inflatable device.
- ☐ I hereby release Orange Indoor Tennis Centre, the owner of the premises as well as Jump Inflatables, and all employees, staff and assistants of Jump Inflatables or any other persons involved in my participation in indoor recreation at Jump Inflatables - Orange Indoor Tennis Centre from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my participation.
- ☐ I furthermore acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns.

- ☐ **Please tick if you would like this Risk acknowledgement form to apply to all future occasions in participate in Jump Inflatables activities.**

PLEASE TURN OVER



I am aged 18 years or over and am legally competent to sign this agreement.
OR
My parent or legal guardian has signed this form to consent to my participation.

	Participant 2	Participant 3	Participant 4	Participant 5
Name of Participant(s)	First name	First name	First name	First name
	Last name	Last name	Last name	Last name
Date of Birth:	Day/Month/Year	Day/Month/Year	Day/Month/Year	Day/Month/Year
Current age:	Years	Years	Years	Years
Postcode:	Postcode	Postcode	Postcode	Postcode

PARENT/GUARDIAN/ADULT: (Adult Participant 1) Name and address of parent, guardian or persons performing parental responsibilities and acquiring/paying for the service, who may also utilise the recreational activities and/or enter the facilities in discharge of those responsibilities	First name	Last name	Date of birth
	Street number Street name		
	Town	State	Postcode
	Mobile phone number		

How did you hear about us?

Word of mouth/ Google/ Yellow pages/ Facebook/ Other?.....