



Risk Acknowledgement & Waiver Form

THIS IS AN IMPORTANT DOCUMENT AND YOU MUST READ IT BEFORE SIGNING

TO BE COMPLETED BY ALL SUPERVISING PARENTS/GUARDIAN

Name of Person Booking _____

First line of address _____

Postcode _____ **Date Of Birth** ___ / ___ / _____

Mobile Phone Number _____ **M/F** ___

Email Address _____

- I wish to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access including all activities contained within and fitness classes, (collectively hereinafter called the Activities) organised by the registered companies, trading as Air nation (the Company) within 6 vmonths of the date of completion of this form. A register of companies is available as Appendix 1 on the company website.
The inflatable has 2 emergency exits situated at the rear of the inflatable. In the event of an emergency please leave the Inflatable either via the entrance to the Inflatable or via the emergency exits at the rear, whichever is the closest.
To leave via the emergency exit on the Inflatable, please remove the Velcro and exit through the emergency exit hatch and turn to the right and then exit the building through the nearest fire door.
- I am eighteen years old or older.
- I agree that I will undertake the Activites in accordance with the safety rules and advice that I receive along with any oral instructions or advice given to me prior to or during the session. In addition, I agree to wear socks whilst participating in the Activities.
- I acknowledge that I am reponsible for my own safety (and the safety of my possessions) while undertaking the Activities.
- I certify that to the best of my knowledge I do not have a medical condition which might have the effect of making it more likely that I will be involved in an incident which could result in injury to myself or others. To the best of my knowledge I am not pregnant.

ONLY TO BE COMPLETED IF YOU HAVE UNDER 18 YEAR OLDS WITH YOU THAT ARE BOUNCING

- I am the organiser and responsible for the child/ren listed below who is/are under 16 years of age. I wish that/those child/ren to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access, including all activities contained within (collectively hereinafter called the Activities) organised by the registered companies, trading as Air Nation(the Company) within 6 months of the date of completion of this form. A register of companies is available as Appendix 1 on the company website. I declare that if I am not the parent or guardian of the child/ren I have authority from the child/rens parent or guardian to sign this risk acknowledgement & waiver form and disclose the child/rens personal information.
- I agree that I am responsible for the child/ren in my care and undertake to ensure that he/she/they undertake the Activities in accordance with the safety rules and advice that I and he/she/they recieve along with any oral instructions or advice given to me and he/she/them prior to or during the session. In addition I agree to ensure the child/ren wear(s) socks whilst participating in the Activities.
- I will ensure that all children under 4 years old will be supervised by an adult aged 18+ in the designated toddler area. Children under 4 years old will not participate in any other activities on the inflatable except the toddler area.
- I acknowledge that I am responsible for the safety and supervision of the child/ren named below (and the safety of our possessions). I will ensure that I pay particular attention to any under 16 year olds and will supervise them at all times.
- I certify that to the best of my knowledge the child/ren do not have any medical conditions (including pregnancy) which might have the effect of making it more likely that he/she/they be involved in an incident which could result in injury to him/her/themselves or others (I can confirm I have checked with the child/rens parents or guardian).

Participants Under 16 Years old that i will be responsible for:

Full name	M/F	Date of birth (DD/MM/YY)	Age
1. _____	___	___ / ___ / ___	___
2. _____	___	___ / ___ / ___	___
3. _____	___	___ / ___ / ___	___
4. _____	___	___ / ___ / ___	___
5. _____	___	___ / ___ / ___	___
6. _____	___	___ / ___ / ___	___

TO BE COMPLETED BY ALL

- I acknowledge and accept that the Activities require a moderate level of fitness and can be physically testing and I/he/she /they should not undertake the Activities unless I/he/she/they am(is/are) physically able to. I acknowledge and accept that the Activites can be dangerous and there is a risk of personal injury when undertaking such Activities.
- In the unlikely event of an accident, or loss or damage to any personal effects, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activities (except for death or personal injury caused by the Company s negligence) and I waive all and any claims against the company in this respect.
- I acknowledge and accept that CCTV images of all park entrants will be monitored and recorded throughout the premises for the purposes of crime prevention and public safety.

I acknowledge that I and my child/ren (if applicable) have been provided with the safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above prior to my signing below.

Print Name **Signature** **Date** / / **TIME**