

Dear Parents/Guardians:

Below is a list of all off-site swimming trips that we will be going on for the summer of 2025 with dates for each trip. Also below is a permission slip for you to sign for all the off-site swimming trips listed.

I give my child(ren) permission to attend camp on the days listed below and to use the swimming facilities that each site has.

Parent/Guardian Signature

Off-Site Swimming Trips

July 31, 2025 - Kruckers (whole camp)

August 14, 2024 - Darlington Lake (whole camp)

Dear Parents/Guardians:

We are going 3 trips this summer that require ONLINE waivers to be filled out prior to the trip:

- Thursday: July 17th - 6 & 7 year olds will be going to Billy Beez in the Palisades Mall.
- Tuesday: July 29th - Upper campers will be going to SkyZone in Allendale, NJ
- Friday: July 18th - Lower campers will be going to SkyZone in Allendale, NJ

***Below you will find the links for each online waiver: please make sure to get this filled out ASAP

***I will send out several reminders the closer we get to the day of the trips when the waivers are needed.

Billy Beez Online Waiver:

<https://waiver.smartwaiver.com/e/LzwSNjkWdErnN7uLvYW37E/>

July 29th online waiver for SkyZone: (Uppers)

<https://waiver.haveablast.roller.app/SkyZoneAllendaleSaddleRiverNJ/>

July 18th online waiver for SkyZone: (Lowers)

<https://waiver.haveablast.roller.app/SkyZoneAllendaleSaddleRiverNJ/>

In the event that I did not get the online waivers filled out in time for my child's trip; I give the Staff at the Town of Haverstraw Day Camp permission to fill out the waiver on site the day of the trip.

Parent Name

Parent Signature

Names of Child/Children:

1. _____

2. _____

3. _____

4. _____

5. _____

For Staff Use: ADP YDP BC Scouts (MB / GFP) Membership Other

Boulder Orientation: Initials | Belay Check: Y / N Pass / Fail | Full / First | Initials

Indicate Time: WIC SB Intro Birthday Other

THE GRAVITY VAULT INDOOR ROCK GYMS

TERMS OF GYM USE AND WAIVER AND RELEASE OF CLAIMS AGREEMENT

The Gravity Vault LLC.

40 Watchung Ave. Chatham, NJ 07928

107 Pleasant Ave. Upper Saddle River, NJ 07458.

(973) 701-7625

(201) 934-7625

PLEASE PRINT CLEARLY

Date / /

Name of Participant / Spectator

Date of Birth / / Address

City State Zip

Phone () E-mail

Emergency Contact Name Phone ()

THE GRAVITY VAULT POLICIES

The Gravity Vault reserves the right to add or change The Gravity Vault policies from time to time. Any such addition or change to these policies will be posted in the lobby of The Gravity Vault. Climbers and others using The Gravity Vault are required to inform themselves of new rules or rule changes. If you are signing this agreement on behalf of a minor the arbitration clause is applicable.

GENERAL RULES:

- All customers MUST check in at the front desk.
- All customers must sign a Waiver and Release of Claims Agreement.
- Minors younger than 18 years must have their waiver including the arbitration agreement signed by a parent or legal guardian.
- Parents/Legal Guardians/Group Leaders are responsible for the behavior of their children/wards while at The Gravity Vault.
- Climbers/Spectators are not permitted to be under the influence of drugs or alcohol.
- The Gravity Vault staff has the right to revoke climbing privileges either temporarily or permanently for unsafe or inappropriate behavior.
- Memberships/Subscriptions are non-transferable.
- The Gravity Vault is not responsible for lost, damaged, or stolen property while in or on the premises, parking lots or other areas within the vicinity of The Gravity Vault.
- No hard sole shoes are allowed on the padded carpet.
- Please pick-up after yourself and help to keep a clean environment for yourself and others.
- All customers and guests must follow all coronavirus-related protocols imposed by The Gravity Vault, including, but not limited to the policies regarding the wearing of masks, use of sanitizing products and social distancing.

CLIMBING POLICIES:

- Climber safety is a shared responsibility.

- All climbers interested in belaying must pass a belay test administered by The Gravity Vault staff at the beginning of their visit, prior to starting climbing.
- All Climbers who have passed their belay test will receive an Auto Belay orientation to be administered by The Gravity Vault Staff.
- All climbers using the facility without the assistance of a staff member must receive a bouldering orientation administered by The Gravity Vault staff.
- Climbers must tie in using the rewoven figure eight knot with a double overhand backup knot.
- In addition to the belay test, all lead climbers and belayers of lead climbers must pass a lead test administered by The Gravity Vault staff.
- Belayers must belay from their harness and not from a fixed anchor point.
- Allowable belay devices are The Gravity Vault provided Gri-Gri's only.
- No sitting or lying down while belaying.
- Route setting shall be performed only by those authorized by The Gravity Vault.

I have read and agree to abide by the above GENERAL RULES AND CLIMBING PRACTICES. _____ (INITIAL)

AGREEMENT (1) FOR ACKNOWLEDGMENT OF RISK, (2) FOR WAIVER, DISCLAIMER, AND RELEASE OF LIABILITY, (3) NOT TO SUE AND (4) FOR INDEMNITY

I, on behalf of myself (or if signing on behalf of a child or children, on behalf of such child or children) and on behalf of my (or my minor's) heirs, personal representatives, spouse, next of kin, successors and assigns, hereby understand, acknowledge, and voluntarily agree with The Gravity Vault, its shareholders, members, owners, officers, directors, employees, agents, contractors, insurers and/or landlords, and each of their respective successors and assigns (hereinafter collectively the "GYM") as follows:

CLIMBING IS AN INHERENTLY HAZARDOUS AND DANGEROUS ACTIVITY AND INVOLVES BOTH INHERENT AND EXTRINSIC, AND BOTH NATURAL AND ARTIFICIAL RISKS THAT MAY RESULT IN ALL MANNER OF HARM, LOSS, DAMAGE, PROPERTY DAMAGE, SERIOUS PERSONAL INJURIES, OR DEATH TO ME AND/OR OTHERS FROM, FOR EXAMPLE, (a) FALLS FROM THE CLIMBING SURFACE ONTO THE FLOOR, ROCK SURFACE, PROJECTIONS OR OTHER OBJECTS, (b) FALLING ONTO OTHERS PRESENT, (c) CLIMBERS OR OTHER OBJECTS (SUCH AS ROPES, HOLDS OR HARDWARE) FALLING ONTO ME, (d) IMPROPER USE, INSTALLATION OR MAINTENANCE OF GEAR, EQUIPMENT AND/OR APPARATUSES, (e) GEAR AND EQUIPMENT DEFECTS OR MALFUNCTION, (f) FAILURE TO FOLLOW PROPER CLIMBING AND/OR BELAY PROCEDURES, (g) IMPROPER OR INSUFFICIENT TRAINING, SUPERVISION AND/OR INSTRUCTION, (h) ROPE ABRASION AND/OR ENTANGLEMENT, (i) CUTS AND ABRASIONS RESULTING FROM SKIN CONTACT WITH THE CLIMBING WALL, AND (j) FAILURE OF ROPES, SLINGS, BOLTS, CHAINS, CLIMBING HARDWARE, ANCHOR POINTS, OR ANY PART OF THE CLIMBING WALL STRUCTURE. I fully and completely acknowledge that the above list and descriptions are not all of the risks associated with use of and presence in the GYM, and that the above list in no way limits the extent or scope of this Agreement.

My presence in and use of the GYM facilities is entirely voluntarily and with a complete and full understanding that any and all such usage, including, but not limited to climbing, is entirely voluntary and with a complete and full understanding that any and all such usage involves all manner of hazards and dangers. I ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY HARM, LOSS, DAMAGE, PROPERTY DAMAGE, PERSONAL INJURY, ILLNESS, OR DEATH TO ME OR OTHERS RESULTING FROM, ARISING OUT OF, OR ANY WAY IN RELATION TO MY USE OF OR PRESENCE IN THE GYM'S FACILITIES, GEAR, EQUIPMENT, CLIMBING WALLS AND APPARATUSES.

NOTE: COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and the use of masks.

The Gravity Vault has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that customer or guests will not become infected with COVID-19.

I hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my children may be exposed to or infected by COVID-19 by attending the GYM and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the GYM may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, agents, guests or other customers of the Gravity Vault.

I have an obligation and responsibility to myself, as well as to other users of the GYM to conduct myself in a safe manner. I will not use the GYM while under the influence of drugs or alcohol or while suffering from or experiencing any other condition that might impair me.

I am responsible for checking, ensuring and maintaining the safety and safe operating condition of any and all equipment, gear, or apparel (including, but not limited to, anchors, ropes, carabiners, belay devices, harnesses and/or shoes) that I may utilize while present in or using the GYM, regardless of where or from whom I may have obtained such equipment, gear, or apparel. I use and accept those items "as is" and use them at MY OWN RISK.

I HEREBY WAIVE, RELEASE, AND DISCHARGE FOREVER, THE GYM, AS DEFINED ON PAGE 2 OF THIS DOCUMENT, FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR CAUSES OF ACTION WHATSOEVER, FOR ANY HARM, LOSS, DAMAGE, PROPERTY DAMAGE, PERSONAL INJURIES, ILLNESS OR DEATH, DUE TO ANY NEGLIGENCE, GROSS NEGLIGENCE, OR ANY OTHER CAUSE (INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE GYM, OR ITS EMPLOYEES, CONTRACTORS OR AGENTS, OR OTHERWISE) RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN OR USE OF THE GYM. WITH RESPECT TO CLAIMS INVOLVING COVID-19 OR OTHER ILLNESS, I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE GYM, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER SUCH INFECTION OR ILLNESS OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY GYM PROGRAM.

I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE GYM, AS DEFINED ON PAGE 2 OF THIS DOCUMENT, FROM AND AGAINST ANY CLAIM, CAUSE OF ACTION, LIABILITY OR JUDGMENT RESULTING FROM, ARISING OUT OF, OR IN CONNECTION WITH MY PRESENCE IN AND/OR USE OF THE GYM, ITS FACILITIES, GEAR, EQUIPMENT, OR APPARATUSES.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AND ANY OF MY CHILDREN/WARDS WHO I AM SIGNING FOR SHALL HAVE (a) NO CLAIMS WHATSOEVER AGAINST, (b) HAVE NO RIGHT TO SUE, AND (c) HAVE NO RIGHT TO RECOVER ANY DAMAGES OR OTHER COMPENSATION FROM THE GYM, AS DEFINED ON PAGE 2 OF THIS DOCUMENT.

The GYM, as defined on page 2 of this document, shall have no responsibility for lost, damaged, or stolen property while in or on the premises, or parking lots or in other areas within the vicinity of the GYM.

If any term or provision hereof is invalid, illegal or unenforceable, the invalid, illegal or unenforceable term or provision shall be stricken only to the minimal extent necessary, and the

remaining terms and provisions hereof shall remain unimpaired. No provision hereof can be waived except expressly in writing signed by the GYM.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE FULLY READ THIS AGREEMENT, AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS. I FULLY UNDERSTAND EACH AND EVERY TERM. I AM VOLUNTARILY EXECUTING THIS AGREEMENT. I FURTHER UNDERSTAND THAT THIS AGREEMENT HAS NO EXPIRATION DATE.

AGREED AND ACCEPTED:

Climber or Spectator Signature: _____ Date: ____/____/____

PLEASE COMPLETE THE REST OF THIS LEGAL AGREEMENT IF **SIGNING ON BEHALF OF A MINOR** (ARBITRATION CLAUSE) **READ and UNDERSTAND BEFORE SIGNING.**

In consideration of being allowed to participate in any way in the program, related events and activities, and allowed entry to the property and facility and access to all services, today and on all future days, I the undersigned, acknowledge, appreciate, and agree that:

1. There is a risk of injury including from the activities involved in this program which are significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS The Gravity Vault LLC, its officers, officials, agents and/or employees; other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. This document constitutes the final and entire Agreement between The Gravity Vault LLC and myself. I understand this agreement is a contract. I fully accept the terms and conditions of the Agreement. I understand that The Gravity Vault LLC has made no warranties express or implied to me.

6. I understand that by making and signing this Agreement, I relinquish and surrender valuable rights of myself, my heirs, my assigns, and successors, including but not limited to my right to sue The Gravity Vault LLC and all of its successors, assigns, affiliates, officers, directors, employees and agents. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Parent/Guardian Signature Date Emergency Phone Number
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

1. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and

next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law

2. I understand that if the minor for whom I am signing this Agreement is injured and a claim is brought on that minor's behalf, a demand must be filed before the American Arbitration Association (AAA). The AAA is an independent agency which resolves disputes fairly and without favoritism. The address of the Association is 220 Davidson Avenue, Somerset, New Jersey 08873. The telephone number is (732)560-9560. You agree that any dispute between you and The Gravity Vault LLC will be decided by the AAA and that the Arbitration Hearing will take place in Camden County, New Jersey. You are not required to hire a lawyer to make your claim. If you hire your own lawyer, you must pay your own lawyer. If you or The Gravity Vault LLC does not follow the requirements of this document, then you or The Gravity Vault LLC may be required to pay the other's attorney fees.

3. Because attendance and participation at The Gravity Vault LLC may increase the minor's risk of harm, The Gravity Vault LLC is asking you to give up valuable legal rights by signing this Agreement. By signing this agreement you relinquish and surrender the following rights of yourself and the minor for whom you sign:

- (A) You give up the right to sue The Gravity Vault LLC in a court of law. You (or persons on behalf of the minor) must arbitrate a claim
- (B) You give up the right to a trial by jury. You (or persons on behalf of the minor) must arbitrate a claim
- (C) You give up the right to claim money from The Gravity Vault LLC Vault if the minor is injured unless The Gravity Vault LLC intentionally and willfully failed to prevent or correct a hazardous or unsafe condition.
- (D) You give up the right to recover damages or punish or make an example of The Gravity Vault LLC.
- (E) You give up the right to choose the state and county where the Arbitration Hearing will be conducted and you must arbitrate the case in Camden County, New Jersey.

X _____
Parent/Guardian Signature Date

4. You and your minor are bound by this document. Anyone who has or can obtain your rights is also bound by this document, such as your or the minor's family, relatives, guardians, executives or anyone responsible for you or the minor. As used in this document The Gravity Vault LLC, includes the people who work for and are associate with The Gravity Vault LLC, such as its owners, managers, employees, officers, directors, stock holders, agents, volunteers, sponsors, vendors and exhibitors.

X _____
Parent/Guardian Signature Date



Assumption of Risk, Waiver of Liability, And Indemnification Agreement

Rockland County

Nature of the Activity: Rockland More, LLC D/B/A Bounce! Trampoline Sports (hereafter referred to as BOUNCE!) is a trampoline park which offers clients the opportunity to participate in a number of trampoline-related physical activities. These activities can produce many benefits for the client - including pleasure, opportunity for competition, improved physical fitness, and many health benefits. However, while there are many benefits to trampolining, it is important that the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN knows that trampoline activities involve some risks of injury that are inherent to the activity. While it is impossible to eliminate all risk and possibility of injury, BOUNCE! 1) has designed the facility with safety as a prime concern, 2) provides an instructional safety video, 4) provides general supervision of activities, 4) has developed policies that focus on safety, and 5) has reduced the major traditional hazard of trampoline jumping (striking a hard surface or the floor). The ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN should also be aware that there are risks involved in observing. Spectator risks include, but are not limited to, trip & falls and collisions with too close to the trampoline areas.

Activities available at BOUNCE! include, but are not limited to: General Trampoline Jumping, Dodgeball, Slam Dunk Basketball, Foam Pit Jumping, "Ninja" style obstacle course, climbing walls, Inflatable, indoor soft-play playground, Group & Corporate Events, Parties, Competitions, Tournaments, Arcade Area, skateboarders - boogie boarders - snowboarders skill practice, and a Trampoline court and Inflatable for those age 5 and under. Participation, used here, is defined as being on the premises, whether playing, competing, observing, snatching, or otherwise.

Inherent risks might be divided into two types - the first of which is those risks inherent in any trampoline jumping (e.g., landing wrong; colliding with other participants; landing on another participant; over-exertion; attempting flips that are beyond participant's capacity; landing on a hard surface or the wrong trampoline; unexpected failure of the equipment (including, but not limited to, trampoline surface, attachments, and padding); slipping, running, or bouncing off walls; double bouncing (more than one person on a trampoline), creating a rebound effect causing injury; erratic behavior of the participant or of other participants; staff failure to adequately instruct or warn; and judgment error by staff (including, but not limited, to error in judging the ability of participants, failure to anticipate developing situations, and momentary distractions)). The second type of inherent risk is those risks related to the specific trampoline activities offered (e.g., dodgeball, basketball, dunk). These include, but are not limited to, being struck in the face or head by the ball; over-exertion; and striking a backboard or goal.

BOUNCE! feels the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN should understand the three types of injuries that can occur. First is the common Minor Injury. This type includes, but is not limited to, muscle strains and sprains, bruises, abrasions, and contusions. The second type of injury is the Serious Injury. Examples of serious injuries are broken bones, ligament and joint injuries, concussions, and eye injury (including loss of vision in an eye). These are infrequent, but can and do occasionally occur. The third type of injury is the very rare Catastrophic Injury. Some examples are brain injury; spinal cord and back injuries that may result in permanent disability and/or paralysis; heart attack; and death.

Assumption of Inherent Risks: I, the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN, have read the above paragraphs and know that BOUNCE! trampoline activities contain inherent risks which vary with the activity. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries that may occur as a result of BOUNCE! activities and their potential impact on my well-being, lifestyle, and both current and potential future careers. I hereby assert that my participation is voluntary and that I knowingly assume all inherent risks.

Waiver of Liability for Ordinary Negligence: In consideration of permission to use the BOUNCE! property, facilities, and services, today and on all future dates, I, the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN, on behalf of myself, my spouse, my heirs, personal representatives, and assigns (hereafter referred to as Releasing Parties) do hereby release, waive, discharge, and covenant not to sue Go Airborne, LLC (dba Bounce! Trampoline Sports), the owners, directors, officers, employees, volunteers, independent contractors, equipment providers, and agents (hereafter referred to as Protected Parties) from liability from any and all claims arising from 1) the ordinary negligence of BOUNCE! or other protected parties, and from 2) the presence of myself and/or the MINOR PARTICIPANT(S) on the premises of BOUNCE!.

This Assumption of Risk, Waiver of Liability, and Indemnification Agreement applies to, but is not limited to, the following:

- Illnesses, personal injury (including death), and/or economic loss to the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN arising from participation in any BOUNCE! activity or their presence on the premises.
- Any and all claims resulting from the damage to, loss of, or theft of property.
- The release of BOUNCE! from any claims and rights that the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN I) now have against BOUNCE! and/or 2) may have in the future against BOUNCE!.

Indemnification Agreement: I, the ADULT PARTICIPANT OR PARENT/LEGAL GUARDIAN, agree to hold harmless, defend, and indemnify BOUNCE! and Protected Parties (that is, defend and pay any judgment and costs, including investigation costs, attorney's fees and related expenses) from any and all claims of the Releasing Parties arising from ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN injury or loss due to participation at BOUNCE! (including claims arising from the inherent risks of BOUNCE! activities and those arising from the ordinary negligence of BOUNCE! or Protected Parties).

I further agree to hold harmless, defend, and indemnify BOUNCE! and Protected Parties (that is, defend and pay any judgment and costs, including investigation costs and attorney's fees) against any and all claims of co-participants, rescuers, and others arising from conduct of ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN in the course of participation at BOUNCE! (including claims arising from the inherent risks of BOUNCE! activities and those arising from the ordinary negligence of BOUNCE! or Protected Parties).

Clarifying Clauses:

- I, the ADULT PARTICIPANT or MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN, confirm that this is the entire agreement between me and BOUNCE! and cannot be modified or changed in any way by representations or statements by any agent or employee of BOUNCE!.
- I also understand that if legal action is brought, the appropriate trial court for Rockland County in the state of New York or United States District Court for the Southern District of New York has the sole and exclusive jurisdiction and that only the substantive laws of the State of New York shall apply.
- I further expressly agree that the foregoing Assumption of Risk, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgements: I, the ADULT PARTICIPANT OR MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN, certify: (Capability Assertions)

- That participant possesses a sufficient level of skill and physical fitness for participation in BOUNCE! trampoline activities.
- That participant has no health problems that would increase his/her risk for injury during participation at BOUNCE!
- That I acknowledge that BOUNCE! encourages each participant to get medical clearance prior to participation.
- That I acknowledge that it is the participant's duty cease exercise immediately and to inform staff if he/she feels any unusual discomfort or is injured during participation.

(Behavior Agreements)

- That participant agrees to attempt only activities that he/she feels capable of performing without increased risk of injury.
- That participant has viewed (or will view) the safety video prior to participation on his/her first visit to BOUNCE!.
- That participant agrees to obey all safety rules and alert staff to any rules violations or dangerous behavior of co-participants.
- That I acknowledge that the provider has authority to end participation if it presents a danger to self or others.

(Emergency Authorizations)

- That I authorize BOUNCE! to administer emergency first aid, CPR, and use an AED when deemed necessary.
- That I authorize BOUNCE! to secure emergency medical care or transportation when deemed necessary.
- That I agree to assume all costs of emergency medical care and transportation.
- That I agree to inform BOUNCE! of any injury (even minor injuries) prior to leaving the BOUNCE! facility.

(Use of Images)

- That I give permission to BOUNCE! to use any photographs, images, or likenesses taken of me and/or MINOR PARTICIPANTS in its marketing brochures, ads, videos, or other media.

Acknowledgment of Understanding: I, the ADULT PARTICIPANT or MINOR PARTICIPANT(S) & PARENT/LEGAL GUARDIAN, have read this Assumption of Risk, Waiver of Liability, and Indemnification Agreement and fully understand its terms. I understand that I am giving up substantial rights that might belong to me and/or my MINOR PARTICIPANT(S) including: 1) my right as an ADULT PARTICIPANT to recover damages for any loss I may suffer resulting from my injury or death resulting from participation at BOUNCE!; 2) my right as a PARENT/LEGAL GUARDIAN to recover damages for any loss I may suffer resulting from injury to or death of myself or my MINOR PARTICIPANT resulting from participation at BOUNCE!; and 3) the right of my MINOR PARTICIPANT to recover damages for any loss he/she might suffer from injury or death resulting from participation at BOUNCE!.

I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability due to: 1) ordinary negligence by BOUNCE! and the other Protected Parties or to 2) the inherent risks of BOUNCE! activities, to the greatest extent allowed by law in the State of New York. Further, I certify that I am the PARENT/LEGAL GUARDIAN of the MINOR PARTICIPANT(S) and assert that I have explained the risks of the activity to my child(ren) and that each child understands the inherent risks and assumes those risks.

Name of PARENT/GUARDIAN or Participant 18+ yrs of age _____ Signature of PARENT/ GUARDIAN or Participant _____ Date _____

DOB of Parent/Guardian or Participant 18+ yrs of age ____/____/____

Email _____ Phone _____

Address _____

Minor's Information:

- Name _____ Birthdate ____/____/____ Relationship (circle one) SON / DAUGHTER
- Name _____ Birthdate ____/____/____ Relationship (circle one) SON / DAUGHTER
- Name _____ Birthdate ____/____/____ Relationship (circle one) SON / DAUGHTER
- Name _____ Birthdate ____/____/____ Relationship (circle one) SON / DAUGHTER