

WAIVER IF SIGNING FOR INDIVIDUAL OVER 18 YEARS AND/OR UNDER 18 YEARS OF AGE

Name

**NAME OF
PARENT/
GUARDIAN**

Date of Birth Phone:

*****NOTE: WAIVER IS VALID FOR THE DAY OF ATTENDING ONLY*****

I confirm that I am 18 years or older and (if applicable) I also confirm that the child(ren) listed below is/are under 18 years old but over the age of 4 years and over 80cm in height.

I wish for myself and/or the child(ren) to participate in the indoor inflatable activities including but not limited to inflatable park access, Bouncing, Drop Slide, Rock and Roll Corner, Wrap Around Obstacle Course, Open Bubbly Bed, Air Mountain, Climbing Wall, Biff & Bash Stepping Stones, Open Bouncy Area, Tiny Tots Toddler Area, Fitness Classes, Café access, offsite and camp activities, and other amusement activities (collectively hereinafter called "the Activity") organised by Gravity Zone t/a Inflata Zone (hereinafter called "Inflata Zone").

If applicable, I declare that if I am not the parent or legal guardian of the child(ren) I have authority from the parent or legal guardian of the child(ren) to sign this Disclaimer and Injury Waiver Form. Whilst attending Inflata Zone and whilst participating in the Activity the child(ren) will be under my care and supervision or alternatively I will ensure that the child(ren) will be placed in the care and supervision of a suitable adult with my full permission.

I acknowledge and accept that the Activity requires a moderate level of fitness and is physically testing. I confirm that I do not know of any medical condition that I or any of the child(ren) suffer from which might have the effect of making it more likely that I or any of the child(ren) be involved in any incident which could result in injury to myself, the child(ren) or others.

I acknowledge and accept that the Activity is potentially dangerous and that by participating in the Activity I and the child(ren) are exposed to the possibility of personal injury or death and/or property damage and I accept this risk on my behalf and on behalf of the child(ren).

In the event of an accident involving myself and/or the child(ren), I acknowledge and accept that Inflata Zone will not be liable for any direct or indirect loss, damage or injury arising from or in connection with my and/or the child(ren)'s participation in the Activity and I hereby waive all and any claims against Inflata Zone in this respect and in respect of myself and the child(ren).

I hereby release, waive, forever hold harmless, indemnify and keep indemnified Inflata Zone from all claims for any injury, loss or damage sustained by me and/or the child(ren) arising from or in connection with the Activity and I hereby indemnify Inflata Zone against all claims made by any other person against Inflata Zone in respect of any injury, loss or damage arising out of or in connection with my failure and/or the failure of the child(ren) to follow safety instructions and/or directions of Inflata Zone its management and/or staff.

I acknowledge and accept that this Form may be pleaded in the defence to any action or proceedings taken by me and/or the child(ren) at any time against Inflata Zone arising out of or in connection with my and/or the child(ren)'s participation in the Activity.

I confirm that I am 18 years of age or older and acknowledge that I have read and fully understand the above prior to signing below.

CHILDRENS FULL NAMES

CHILDRENS FULL NAMES

1

Date of Birth

2

Date of Birth

3

Date of Birth

4

Date of Birth

Signed _____

Today's Date

Parent /Guardian