

**Before jumping ALL participants must register to jump by completing the waiver form below.  
Participants under the age of 16 must have the waiver completed by a parent or legal guardian.**

**Note:**

1. We reserve the right to refuse admission.
2. Children aged 4-6 must be accompanied by an adult during a freestyle session. Under 4's will not be permitted to bounce in a freestyle session
3. If you are booking on behalf of a group of over 16's you must ask them to register to jump themselves. If they are unable to do so online they may complete their registration form at reception.

**Medical Conditions - (please only tick if any of these conditions apply to participants on this waiver)**

- |   |   |
|---|---|
| <input type="checkbox"/> Pregnancy                    | <input type="checkbox"/> Recent broken leg  |
| <input type="checkbox"/> Atlantoaxial instability AAI | <input type="checkbox"/> Brittle bones/osteoporosis/painful joints/recent surgery |
| <input type="checkbox"/> Spinal cord or neck problems |   |

I certify that I/All participants on this waiver will notify staff of any of the following medical conditions prior to jumping:

- |  |   |
|--|---|
| <input type="checkbox"/> Cardiac or circulatory problems | <input type="checkbox"/> Blackouts or nausea          |
| <input type="checkbox"/> High blood pressure             | <input type="checkbox"/> Hernia                       |
| <input type="checkbox"/> Respiratory problems            | <input type="checkbox"/> Severe challenging behaviour |
| <input type="checkbox"/> Vertigo                         |   |

**Adult Information**

Your name:

First

Email address:

Gender:

Male  Female

Address:

Street address

Town / City

Last

Phone number:

Date of birth:



Postcode

**Child Information**

**Add participants under 16 years old that I will be responsible for.**

Young children 4 - 6 year old must be accompanied by a paying adult during our Freestyle sessions. See Parent & Toddler & Under 10's sessions for younger children.  
(for more than 10 children please complete an additional form, under 4s will be accommodated in Parent and Toddler sessions available in term-time)

Child #1 Name:

Child #1 Gender:

Male  Female

Child #1 Date of birth:

Child #2 Name:

Child #2 Gender:

Male  Female

Child #2 Date of birth:

Child #3 Name:

Child #3 Gender:

Male  Female

Child #3 Date of birth:

Child #4 Name:

Child #4 Gender:

Male  Female

Child #4 Date of birth:

Child #5 Name:

Child #5 Gender:

Male  Female

Child #5 Date of birth:

Child #6 Name:

Child #6 Gender:

Male  Female

Child #6 Date of birth:

Child #7 Name:

Child #7 Gender:

Male  Female

Child #7 Date of birth:

Child #8 Name:

Child #8 Gender:

Male  Female

Child #8 Date of birth:

Child #9 Name:

Child #9 Gender:

Male  Female

Child #9 Date of birth:

Child #10 Name:

Child #10 Gender:

Male  Female

Child #10 Date of birth:

**Safety Rules and Advice**

1. I wish to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, fitness classes, and other classes offered (collectively hereinafter called "the Activities") offered by this trampoline park ("the Company").
2. I am 16 years old or older.
3. I agree that I will undertake the Activities in accordance with the written safety rules and advice that I have received on check-in together with any oral instructions or advice given to me prior to or during the session. In addition, I agree to wear High Altitude anti slip socks whilst participating in the Activities.
4. I acknowledge that I am responsible for my own safety (and the safety of my possessions) while undertaking the Activities.
5. I am the parent/guardian of the child/ren listed above who is/are under 16 years of age. I wish that/those child/ren to participate in indoor trampolining activities including, but not limited to trampolining, trampoline park access, airboarding and body zorbing (collectively hereinafter called "the Activities") organised by this trampoline park ("the Company"). I declare that if I am not the parent or guardian of the child/ren I have authority from the child/ren's parent or guardian to sign this risk acknowledgement & waiver form.
6. I accept that myself/children in my care understand the written safety rules and information given on the safety briefing and if behaviour is uncontrollable or deemed unsafe by the court monitors myself/children in my care will be removed from the court. The decision of the court monitor will be fully backed by The Company.
7. I acknowledge that I am responsible for the safety supervision of the child/ren named above (and the safety of our possessions). I will ensure I pay particular attention to any under 16 year olds and will supervise them at all times when outside the trampoline arena.
8. I certify that to the best of my knowledge the child/ren do not have any medical condition (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 (if in any doubt, please check with the child/ren's parent or guardian).
9. 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 Activities are dangerous and there is a risk of personal injury when undertaking such Activities.
10. 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.
11. 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.
12. I agree as an adult Participant, or the Parent/Legal Guardian of a minor Participant, in consideration of being permitted to participate at High Altitude, grant High Altitude, the permission to photograph and/or record me or my child(ren)/ward(s) in connection with High Altitude to use the photograph and/or recording solely for advertising and promotional purposes. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.
13. As group leader I agree to follow the Company's policy regarding health and safety. If people within the group do not adhere to the instructions issued by the Company I agree to take responsibility for their behaviour and support "the companies" decision, which will be final.
14. Mobile phones can be taken onto the court, but management will not take any responsibility for lost or damaged items.
15. I certify that if I have recently given birth, I am at least 12 weeks post natal before participating in one of the fitness classes.
16. I am happy to receive exclusive news, offers and discounts via email/text.

**I acknowledge that I and my child/ren (if applicable) have been provided with a copy of the specific written safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above prior to submitting this form.**

**Signature:****Date:**