

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Fun Time Inflatables., their agents, owners, officers, managers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "FTI"), I hereby agree to release, indemnify, and discharge FTI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in inflatable and trampoline device activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** slipping and falling; collision with fixed objects or people; falling off of or being thrown from the unit; strains, sprains, broken bones and musculoskeletal injuries including head, neck, and back injuries; cuts, abrasions, and bruises; cardiac related illness; or even more severe life threatening hazards; exhaustion; exposure to temperature and weather extremes which could cause hyperthermia (heart related illnesses) heat exhaustion, sunburn, dehydration; the negligence of participants, or other persons who may be present; equipment failure or operator error; my own physical condition, and the physical exertion associated with this activity. Furthermore, FTI personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FTI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of FTI equipment or facilities, **including any such claims which allege negligent acts or omissions of FTI.**

4. Should FTI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event I file a Lawsuit against FTI, I agree to do so solely in the state of Kentucky, I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against FTI on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at FTI.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

**Print Name:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Please fill in your address:**

First Line \_\_\_\_\_  
Second Line \_\_\_\_\_  
City \_\_\_\_\_ Province / State \_\_\_\_\_ Postcode \_\_\_\_\_

**Please fill in your phone number:**

Phone Number \_\_\_\_\_

**Please fill in your email:**

Your Email \_\_\_\_\_

**Signature of Participant:**

\_\_\_\_\_  
Clear ()

**Please fill date:**

MM / DD / YYYY 

**PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION**

**( Must be completed for participate under the age of 18)**

In consideration of the following minor(s) name(s) added below being permitted by FTI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless FTI from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

**Minor:**

First Name Last Name

**Minor: - optional**

First Name Last Name

**Minor: - optional**

First Name Last Name

**Minor: - optional**

First Name Last Name

**Parent or Guardian:**

First Name Last Name

**Parent or Guardian Signature:**

Clear ()

**Please fill date:**

MM

/

DD

/

YYYY



Submit