



Fitness Connection Trampoline/ Tree House Waiver 2016-2018

LIABILITY WAIVER (Minor, under 18)

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Child Name:	Date:
Emergency Contact:	Phone:

I am aware that in addition to the usual dangers and risks inherent in the use of a trampoline certain additional dangers and risks are present when using the Fitness Connection Trampoline and Tree house, including, but not limited to, the danger and risk of falling, jumping, landing, height and motion. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting there from. In consideration of utilizing the Fitness Connection Trampoline and for other good and valuable consideration, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS for personal injury including death, illness, and/or property damage that my child may have against Fitness Connection and their employees, owners and volunteers in any way associated with Fitness Connection , all of whom are hereinafter collectively referred to as "the Releases".
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for any loss, damage, injury, death, medical or other expense that my child may suffer or that any other party may suffer as a result of my use of the Fitness Connection Trampoline/Tree house
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party, resulting from my child's use of Fitness Connection's Trampoline/Tree house
4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my child's personal injury including death, illness, and/or property damage.
5. I ADDITIONALLY AGREE that my child shall follow correct safety procedures when using the Fitness Connection Trampoline/Tree house.

I HEREBY CERTIFY THAT my child is covered by his/her own Medical Insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability I am waiving certain legal rights which I, my child, or our heirs, next of kin, executors, administrators, successors, and assigns may have against the Releases. Fitness Connection shall have the right to impose any additional conditions which, in the opinion of the Releases, will further the intent and legal rights and waivers provided herein.

Parent/Legal Guardian Signature:	Date:
Print Name:	