

General Release of Liability Waiver for Jump Castle Use

This activity has been explained to the minor and I fully understand the dangers, hazards, and risks that may arise from engaging in the activity. These dangers, hazards, and risks can result in injury and impairment to the minor's body, general health, wellbeing, and could include serious or even fatal injuries.

Knowing the dangers, hazards, and risks of the activity and in consideration of being permitted to participate in the activity, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasers"), I agree to assume all the risks and responsibilities surrounding the minor's participation in the activity. On behalf of myself and the Releasers I hereby covenant not to sue Central Christian Academy of Greenbrier, or its trustees, officers, representatives, and employees ("Releases"), and I hereby release, waive, forever discharge the Releases from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releaser, arising out of, or related to, the Activity, whether caused by the negligence or carelessness of the Releases or otherwise. I further agree to indemnify and hold harmless the Releases from and against any loss, liability, damage or cost, including court costs and attorneys' fees that may arise due to my participation in the Activity. It is my expressed intent that this Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releases.

The minor agrees to conduct themselves in accordance with the rules of conduct and standards of behavior that are expected of them and to abide by the various instructions and guidance they are given.

The minor does not suffer from a physical or mental impairment that would limit their ability to participate in activity. I understand, agree and hereby grant Releases permission to authorize emergency medical treatment for them, if necessary and arising out of the activity, and that such action by Releases shall be subject to the terms of this Agreement. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

THIS IS A LEGAL AGREEMENT. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Name of Minor Child _____ DOB of minor child _____

Name of Minor Child _____ DOB of minor child _____

Parent/Guardian Printed Name: _____

Date: _____

I agree to the waiver and general release information above.

Parent/Guardian Signature: _____