



9564 N. Industrial Drive
St. John, In 46373
219.365.2010

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I/we, the undersigned, individually and as parent or legal guardian of _____, and in consideration for allowing myself, my child, children and/or ward, to participate in the event held at JUMP CENTRAL, INC., do hereby forever waive any and all claims I/we, may have, whether present, past or future, against JUMP CENTRAL, INC., its officers, directors, shareholders, employees, agents, successors and/or assigns which may arise as a consequence of my and/or my child's/ward's participation in any event sponsored by or held at JUMP CENTRAL, INC. I/we hereby acknowledge that the undersigned and/or the undersigned's child/ward has voluntarily chosen to participate in the event sponsored by or held at JUMP CENTRAL, INC. I/we, assume responsibility for any and all risk associated therewith, whether known or unknown to me/us, including, but not limited to, injuries, medical expenses now existing or which may hereinafter arise, and any consequence thereof now existing or which may develop, whether or not such consequences are known or anticipated by me/us. I/we, consent to and authorize JUMP CENTRAL, INC., its officers, directors, shareholders, employees, agents, successors and/or assigns to transport me and/or my child/ward to any medical facility for medical treatment, if necessary, or to contact any appropriate medical care provider to attend to myself and/or my child/ward if the need may arise. I/we agree to pay for all medical expenses which may be incurred by me and/or my child/ward, as a result of or arising out of any injuries sustained while participating at JUMP CENTRAL, INC.

I/we, hereby grant and allow permission to JUMP CENTRAL, INC., to use our likeness, voice or words, without compensation, for JUMP CENTRAL, INC. business purposes.

Parent/Legal Guardian _____ Dated: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Child's Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Conditions or Allergies Which Would Affect the Child's Participation:

Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Emergency Phone Number: _____

NOTE: CHILD(REN)/WARD SHALL NOT BE ABLE TO PARTICIPATE IN JUMP CENTRAL, INC.'S ACTIVITIES WITHOUT THE FOLLOWING FORM SIGNED AND FILLED OUT BY HIS/HER PARENT OR LEGAL GUARDIAN. ADDITIONALLY, IF YOUR CHILD HAS AN ALLERGIC OR MEDICAL CONDITION THAT MAY AFFECT HIS/HER SAFETY IN PARTICIPATING IN AN EVENT AT JUMP CENTRAL, INC., THE

PARENT/LEGAL GUARDIAN SHALL BE REQUIRED TO STAY AT THE PREMISES OR GET A PHYSICIAN'S RELEASE.