



Consent for a participant to take part in trampolining activities at JumpLanes.

This form must be completed in **BLOCK CAPITALS**.
Please read our rules on overleaf before signing consent.

IF YOU ARE OVER 16 AND WANT TO PARTICIPATE IN AN ACTIVITY AT JUMPLANES PLEASE COMPLETE THIS SECTION:

First Name: _____

Surname: _____

Age: _____ Date of Birth: _____

Male: Female:

Telephone: _____

Address: _____

Email: _____

IF YOU ARE THE PARENT OR GUARDIAN OF A PARTICIPANT UNDER 16 PLEASE COMPLETE THIS SECTION:

If you do not have parental responsibility you cannot use this form*

First Name: _____

Surname: _____

Age: _____ Date of Birth: _____

Male: Female:

Telephone: _____

Address: _____

Email: _____

HEALTH

Do you (or) the participant suffer from any illnesses, injuries, allergies or medical conditions? Yes No

If Yes please state: _____

Is the participant on any medication? Yes No

If Yes please state: _____

Please supply any additional information on conditions which may require extra consideration by JumpLanes

CONSENT

(ALSO SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT UNDER 16)

I consent to take part/ the under 16 named above taking part in activities at JumpLanes. In providing consent I declare that I understand trampolining activities themselves are not completely free from risk. I accept that whilst at JumpLanes jump staff will take appropriate precautions to prevent accidents, this can never be guaranteed.

I confirm that I am/ the under 16 named above is physically fit and healthy and I undertake to advise JumpLanes of any change in this regard. I have completed the 'Health' section above and give consent that in the event of any illness/ accident any necessary treatment can be administered to me/ the under 16 named above. I confirm that I have read through the Activity Rules/ with the under 16 named above and that he/ she agree(s) to abide by the Activity Rules as laid out by JumpLanes and to follow the instructions of the jumping staff at all times.

I declare that the above information is correct and if any information changes I will notify JumpLanes.

Participant Name (Block capitals): _____

Signature of participant: _____

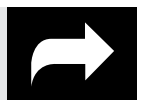
Date: / /

IF PARTICIPANT IS UNDER 16:

Parent of Guardian Name (Block capitals): _____

Signature of Parent/Guardian: _____

Date: / /



ACTIVITY RULES:

All users agree that they shall not participate in any activities provided by JumpLanes unless they have undertaken JumpLanes safety and induction procedures and processes in relation to the activities and confirm that they will comply with these rules at all times whilst on the premises. The rules are as follows:

1. I will comply with the height, weight and age restrictions specified by JumpLanes. The current weight limit for any clothes participant is 21 stone.
2. Participants will at all times wear any protective equipment, such as jumping socks, on the trampolines.
3. Prior to participating, users will remove any jewellery, mobile phones and other valuables.
4. Participants must not eat or drink whilst participating in the activities provided by JumpLanes.
5. Participants will at all-time only carry out activities that are within their skill level and of which they are able to retain control.
6. Participants will at all times follow the instruction on the JumpLanes staff.
7. Participants will not attempt to wrestle, chase or make any physical contact with another user on the Trampoline.
8. Participants will not attempt to climb or dismantle safety apparatus, including netting and padding, throughout the park.
9. Participants will always seek to bounce on and land on either their current or immediately adjacent trampoline.
10. Participants will only rest in designated seating and rest areas of the activity arena.
11. Participants will not utilise the designated performance trampolines unless participating in activities led by a JumpLanes coach.
12. Participants confirm that they are not pregnant. You should not participate if pregnant.
13. Participants confirm that if they have had any sort of medical condition that they believe may affect their ability to safely jump on a trampoline they must consult a qualified medical practitioner before participating.

1. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

2. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

3. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

4. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

5. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

6. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

7. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

8. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

9. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

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17. Name: _____ Age: _____
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25. Name: _____ Age: _____
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26. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

27. Name: _____ Age: _____
Relationship to participant: Parent: Guardian:

28. Name: _____ Age: _____
Relationship to participant: Parent: Guardian: