

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Name	
Name of Parent or Legal Guardian, if under 18	
Name and Contact Information of Participant's Physician or Emergency Health Care Provider	
School/University	
Team Name	

WARNING, THIS AGREEMENT IS LEGALLY BINDING. BY SIGNING IT, YOU GIVE UP YOUR RIGHT TO RECOVER COMPENSATION THROUGH THE COURTS OR OTHERWISE, FOR ANY PERSONAL INJURIES OR DAMAGE TO YOUR PROPERTY, OR FOR YOUR DEATH, ARISING OUT OF YOUR USE OF THE FACILITIES AND EQUIPMENT, OR ARISING OUT OF YOUR PARTICIPATION IN CLASSES OR ACTIVITIES, INCLUDING TRANSPORTATION PROVIDED BY IJUMP, LLC, D/B/A OFF THE WALL TRAMPOLINE FUN CENTER, SPONSORED BY OFF THE WALL TRAMPOLINE FUN CENTER, OR ANY AFFILIATE OR WHOLLY OWNED SUBSIDIARY OF THE SAME (HEREINAFTER COLLECTIVELY REFERRED TO AS "OFF THE WALL".) THE TERM "FACILITIES" SHALL MEAN THE PHYSICAL PREMISES WHERE OFF THE WALL CONDUCTS ITS BUSINESS AND THE TERM "EQUIPMENT" SHALL MEAN THE DEVICES OR TRAMPOLINES OR OTHER EQUIPMENT ON WHICH ACTIVITIES OFFERED BY OFF THE WALL TAKES PLACE. YOU WILL BE RELEASING THE LANDLORD OF OFF THE WALL, ANY PERSONS WHO HAVE DESIGNED, MANUFACTURED OR INSTALLED THE FACILITIES, TRAMPOLINES, OR EQUIPMENT OF OFF THE WALL AND ANY PERSONS USING THE EQUIPMENT OF OFF THE WALL. THIS AGREEMENT IS BINDING ON YOU, YOUR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES. THIS AGREEMENT ALSO REQUIRES YOU TO INDEMNIFY AND HOLD HARMLESS THE PERSONS RELEASED FROM ANY LOSSES, LIABILITIES, DAMAGES AND COSTS, INCLUDING REASONABLE ATTORNEYS' FEES.

ASSUMPTION AND ACKNOWLEDGMENT OF RISK

WARNING: THE USE OF OFF THE WALL'S FACILITIES AND EQUIPMENT IS DANGEROUS!!! I, the undersigned, acknowledge and agree that the use of Off the Wall facilities and equipment and the taking of classes or participating in activities sponsored by Off the Wall has INHERENT RISKS. Those risks include, but are not limited to the following:

1. Injuries or death resulting from the failure or negligent misuse of the Off the Wall facilities and equipment.
2. Injuries resulting from slips, trips, falls sustained, or the physical demands associated with the use of the facilities or equipment of Off the Wall.
3. Injuries resulting from jumping or the fall of other persons who may come into contact with me or from any jumping or falls in which I come into contact with other persons.
4. Injuries that occur from the NEGLIGENCE or lack of adequate training of those volunteers or employees of Off the Wall, who seek to assist with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of facilities and equipment used at Off the Wall, including but not limited to, failure of supports, springs, belay devices, anchor points, landing surfaces and its curbs, items left in landing surface and any other part of the structure.
6. Injuries resulting from the NEGLIGENCE of the facilities and equipment or the NEGLIGENCE of other activity, participants, visitors, or persons who may be present at Off the Wall or the NEGLIGENCE of the designers, manufacturers or installers of the facilities, or equipment.

I am aware of these and NUMEROUS OTHER INHERENT RISKS in using facilities and equipment. I FREELY AND VOLUNTARILY ASSUME COMPLETE RESPONSIBILITY for these risks and for the injuries that may occur as a result of these risks EVEN IF injuries occur in a manner that is not foreseeable at the time I sign this agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage I sustain, including PERSONAL INJURIES to me, damage to my PROPERTY, or damage arising out of my DEATH.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF OFF THE WALL USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM OFF THE WALL IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND OFF THE WALL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Initial ___(If participant is under 18, Parent/Legal Guardian must initial.)

RELEASE AND PROMISE NOT TO SUE

In consideration of my observing or using the facilities, or equipment of Off the Wall, and/or in consideration of my participating in the classes or activities sponsored by Off the Wall, I hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE, Off the Wall, or any officer, director, member, employee, volunteer, or agent of Off the Wall or any other participant, visitor, or person present in or using the facilities and equipment of Off the Wall. It is my express purpose to bind myself, my heirs, my administrators and my executors hereby.

In consideration of my observing or using the facilities and equipment and/or in consideration of my participating in the classes or activities sponsored by Off the Wall, I

also hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE the designers, manufacturers or installers of the facilities and equipment of Off the Wall. This agreement releases the aforementioned persons from any liability to me, my heirs, or next of kin, assigns, or personal representatives, for any losses or damages or claims or demands arising out of my PERSONAL INJURIES, damage to my PROPERTY, or from my DEATH.

If any provision of this Agreement is held invalid, the invalidity shall not affect other provisions of the Agreement which can be given effect without the invalid provisions, and to this end the provisions of the Agreement are to be severable. This Agreement shall be governed by the laws of the State of Florida.

I AGREE AND UNDERSTAND THAT THIS WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT WILL EXTEND TO ALL CLAIMED WRONGFUL ACTS OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA, INCLUDING THE NEGLIGENCE OF THE RELEASED PARTIES.

Initial ____ (If participant is under 18, Parent/Legal Guardian must initial.)

MANDATORY BINDING ARBITRATION – WAIVER OF RIGHT TO JURY TRIAL

ANY DISPUTE, CONTROVERSY, OF CLAIM, OF ANY KIND, MANNER OR NATURE, WHETHER ARISING FROM OR RELATING TO THIS AGREEMENT, OR ANY CLAIM FOR ANY INJURY, DAMAGE OR LOSS WHATSOEVER, WHETHER INCURRED THROUGH USE OF THE FACILITY AND/OR EQUIPMENT OF OFF THE WALL OR OTHERWISE, MUST ONLY BE SUBMITTED TO ARBITRATION BEFORE THE AMERICAN ARBITRATION ASSOCIATION IN MIAMI-DADE COUNTY, FLORIDA IN ACCORDANCE WITH ITS RULES AND ANY JUDGMENT OR DECISION THEREBY RENDERED MAY BE ENTERED BY A COURT OF COMPETENT JURISDICTION AS ITS JUDGEMENT. IN ACCORDANCE THEREWITH, EACH OF THE PARTIES TO THIS AGREEMENT, VOLUNTARILY, AFTER DUE CONSIDERATION OF ALL ALTERNATIVES, AND AFTER HAVING THE OPPORTUNITY TO CONSULT WITH COUNSEL OF ITS CHOOSING, HAVE AGREED TO WAIVE ANY RIGHT WHICH THEY MAY HAVE TO A TRIAL BY JURY ON ANY SUCH MATTERS WHICH THE PARTIES HAVE AGREED TO ARBITRATE.

Initial ____ (If participant is under 18, Parent/Legal Guardian must initial.)

INDEMNIFICATION AGREEMENT

In consideration of my observing or using the facilities, or equipment of Off the Wall, and/or in consideration of my participating in the classes or activities sponsored by Off the Wall, I agree to indemnify and hold harmless the persons RELEASED and DISCHARGED by me from any loss, liability, damages or cost, including reasonable attorneys' fees, that they may incur due to the presence of any claims or actions by me, or by my heirs, next of kin, assigns, or personal representatives, arising out of my observing or using the facilities, or equipment of Off the Wall.

Initial ____ (If participant is under 18, Parent/Legal Guardian must initial.)

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I hereby give Off The Wall the absolute right and unrestricted permission to take, use, reproduce, and/or publish photographs and/or video through any form of media (print, digital electronic or otherwise) that may pertain to me including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on Off The Wall Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Off The Wall may publish materials, use my name, photograph, and/or make reference to me in any manner that Off The Wall deems appropriate in order to promote/publicize service opportunities.

Initial ____ (If participant is under 18, Parent/Legal Guardian must initial.)

OFF THE WALL FACILITY RULES

The participant acknowledges that they have access to, and understand, the posted rules of the facility and agree to follow ALL rules of the facility and to comply with the judgement of the facility staff. Any infractions of the posted rules will result in loss of privileges for that attraction.

Initial ____ (If participant is under 18, Parent/Legal Guardian must initial.)

I HAVE READ THIS AGREEMENT THOROUGHLY AND UNDERSTAND THE TERMS. NO ORAL REPRESENTATIONS OR STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME THAT CHANGE, ALTER OR MODIFY ANYTHING WITHIN THE WRITTEN AGREEMENT. I AGREE TO SAID TERMS. (ALTERATIONS OR MODIFICATIONS TO THIS DOCUMENT ARE NOT ALLOWED)

Signature (If participant is under 18, Parent/Legal Guardian must sign.)
I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM SIGNING THIS RELEASE ON BEHALF OF THE MINOR.

Street (Print)

Drivers License #

Email Address for parent or guardian

Date

City (Print) State Zip

Participants Birth Date

Age

Phone Number

Emergency Contact Name

Phone Number

Email Address

Do you know of, or have your been advised of, any medical conditions that the participant have that would prevent you from safely, participating in the activities of rock climbing and or belaying.

YES / NO - If YES, please describe: _____