



Waiver

Acknowledgement of Risk

In consideration for participation in activities at **Jumpin' Joeys** I hereby agree as follows:

I understand that participation in **Jumpin' Joeys** activities is risky and that risk of injury includes, without limitation, scrapes, bruises, cuts and even more serious injuries, such as paralysis or death can occur, and I fully accept and agree to assume all of these risks including risks arising from the negligence of other participants, for myself and my child or ward. I certify my child or ward is in good health with no condition, illness or abnormality which might subject him or her to undue personal risk from engaging in **Jumpin' Joeys** activities.

With the full understanding of the risks stated above I, for myself, and my child or ward, hereby release, hold harmless, and indemnify **Jumpin' Joeys** and its owners, officers, directors, managers, and their heirs, successors and assigns, in connection with the participation of myself, my child or ward in activities at **Jumpin' Joeys**. I agree to reimburse any reasonable attorneys fees and costs that may be incurred by **Jumpin' Joeys** in the defense of any such liability claim, demand, action or cause of action. In the event that I file a cause of action, I agree to sue solely in the state of Connecticut, and further agree that the substantive law of that state shall apply in that action without regard to its conflict of laws provision.

I approve the use of any photographs taken by **Jumpin' Joeys** photographers in which the undersigned is part of to be used on the **Jumpin' Joeys** website or print media. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

YOU ARE THE OPERATOR: I, for myself and my child or ward, have read the safety rules, agree to operate any attraction at this facility on the behalf of any attraction participants and enforce all safety rules of **Jumpin' Joeys** and for the manufacturer of such attraction, and agree that the failure of myself, my child or ward to follow these rules may result in injury or death. I agree and understand that this agreement is binding upon myself, my children, or ward and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian.

DATE: _____

SOCKS ARE REQUIRED!

PARENTS/GUARDIANS' MUST ACCOMPANY CHILDREN AT ALL TIMES

Print Adult Name

Adult Signature

Child's Name 1

Child's Name 2

Phone

Email