

## **Injury Waiver and General Release Form**

Full Name	Date of Birth
Phone #	Address:
Email	_
I confirm that the above child is under 16 years old but	above 3 years of age and that the child is over 1 meter tall.
	vities including, but not limited to trampolining, trampoline park access, rope challenge, airbag jump, café access, (collectively hereinafter called e Parks trading as Gravity.
I declare that I am the parent or legal guardian of the c Waiver Form.	hild or I have authority from the child's parent or legal guardian to sign this
I agree that the child will purchase and wear the Gravit will be given before undertaking the activity.	ry rubber grip socks in accordance with the specific safety instructions that
I agree that the child will wear any safety equipment p he/she will follow the directives of Gravity, its manage	rovided by Gravity in accordance with the safety instructions and that ment and staff at all times.
I confirm that the child is in good physical condition an intended use of Gravity.	d has no medical impairment that might prevent him/her from the
I acknowledge that Gravity did not give me medical adv	vice relating to the child's physical condition and ability to use the facilities.
I acknowledge that the Activity is potentially dangerou possibility of personal injury.	s and that by participating in the Activity the child will be exposed to the
	any other person against Gravity in respect of any injury, loss or damage ly with the safety instructions and /or directions of Gravity, its
I acknowledge that I have read and fully understand th terms and conditions and other policies as outlined at	e above prior to my signing below and I confirm acceptance of Gravity www.GravityAmman.com.
Sign	
Date	
Parents Name	