**Invitation**

To: 5th Aurora Cub Pack B

Please come to our year end party

to be held at

Airborne Trampoline North

1166 Gorham Street Newmarket Ontario L3Y 8W4, Unit #7



Date: Wed, May 20, 2015

Time: 7- 8:30 p.m.

Please make sure the attached form is clearly completed and brought to the party.

Without it, Airborne cannot allow you to participate in our event.

Please arrive 10 minutes early for warm-up, stretching and rules

For this fun filled hour you should wear comfortable sports clothing and socks

Please do not wear any jewellery or earrings.

We will be having snacks and our gizzle auction. There is no charge for this event.

5th Aurora Cub Pack B Leaders

www. Airbornetrampoline.ca

(905) 836-9091

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,**

**ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**PLEASE READ CAREFULLY**

I acknowledge that there is a potential risk of injury involved in the practice of any sport. I also understand that **AIRBORNE TRAMPOLINE NORTH Inc**. And **JUMPZONE Inc**. Herein referred to as THE COMPANIES, have met all standards of safety in terms of facility, equipment and training of staff to offer a safe environment to its guests. Furthermore, I also acknowledge that injury is possible despite of all safety measures taken by **THE COMPANIES.** And that I am called upon to use responsible caution when participating in their activities.

**AWARENESS AND ASSUMPTION OF RISK** I am aware that participating in dynamic Disciplines like **Trampoline** and other **Acrobatic Sports** involve the risk of personal injury, which can occasionally lead to loss of income, and incurred health costs. Consequently, and without prejudice; I understand that the causes for injury include but are not limited to: equipment malfunction, negligence by other participants, officials, and volunteers of **THE COMPANIES** (HEREIN referred to as THEIR MEMBERS) operating in their facilities. I HEREBY freely accept and willingly assume the aforementioned risks and responsibilities.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT** In consideration of **THE COMPANIES** accepting my request (or if applicable, that of my family) to participate in this activity, I agree to:

1. Observe and obey all rules and warnings posted in and about the property and facilities of **THE COMPANIES.** I further agree to follow all instructions and directions given orally, to me or to my family, by any staff (coaches, Refs, and supervisors) working for **THE COMPANIES** regarding what is expected as appropriate behaviour within the confines of their property and facilities.

2. Waive any and all claims that I may have in the future against **THE COMPANIES** and THEIR MEMBERS resulting from my or my family’s presence upon its facilities.

3. Release **THE COMPANIES** and THEIR MEMBERS from any and all liability for any of the risks as listed in the **“AWARENESS AND ASSUMPTION OF RISK”** section, that I or my family may suffer as a result of my participation in any of the disciplines in their facility, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.

4. To **HOLD HARMLESS** and **INDEMNIFY THE COMPANIES** and THEIR MEMBERS from any and all liability that extends to property damage and personal injury resulting from my or my family’s participation in any of its activities.

5. That this agreement is binding and extends not only to me but my family, heirs, executors, administrators, and assigns. And specifically to any person on whose behalf I have signed this agreement.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING RIGHTS TO LEGAL ACTION WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HOLD AGAINST **THE COMPANIES** AND THEIR MEMBERS.

**Full Name of Participant (Please Print Clearly):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M / F Date of Birth (yyyy/mm/dd) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name of Parent or Legal Guardian of Participant if less than 18 years of age (Please Print Clearly):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent or Legal Guardian or Participant if above 18 years old):

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: