

FreeFall Air Bag Systems/Interactive Games/Amusement Devices Acknowledgement of Risks, Assumption of Risks & Responsibility, and Release of Liability for Organizations and Individuals



Warning: There are significant elements of risk in any adventure, sports or activity associated with the indoor or outdoor use of stunt air bags, interactive games and activities incidental thereto (“referred to herein as activity”). Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled staff, this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. For your safety, and that of other participants, we think it is important for you to know in advance what to expect and to be informed of the inherent risks.

Acknowledgement of Risks: I acknowledge that the following describes some, BUT NOT ALL, of those risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage (anoxia), and/or exposure, head, neck, and/or spine injuries, allergic reaction, shock paralysis or death. I/We understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.

Express Assumption of Risk and Responsibility: I/We agree to assume responsibility for the risks identified herein and those risks not specifically identified. My/our participation in these activities is purely voluntary. No one is forcing me/us to participate. I/We who are participating with these inflatable products verify that I/We are physically fit, not under the influence of alcohol or drugs at this time, and sufficiently qualified, trained and capable to participate in these activities. Therefore, I/We assume full responsibility for myself/organization I present, including any minor children, for which I am responsible for bodily injury, accidents, illness, death, loss of personal property, and expenses thereof as a result of any accident which may occur. I/We elect to participate in spite of the risks.

Authorization: I/We hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I/We either have appropriate insurance or in its absence agree to pay all costs of rescue and/or medical services as may be incurred on my/our (organization’s) behalf. I/We agree to any film or photographs of me/us as a participant becomes your property and may be used for promotional purposes.

Release: In consideration of services or property provided, I/We, for myself and any minor children for which I am parent, legal guardian, group leader or otherwise responsible, any heirs, personal representatives or assigned, agree that **Inflatable 2000, Inc (dba Zero-Shock)**, its principals, directors, officers, agents, employees and volunteers, their insurers and each an every land owner, municipal and/or governmental agency upon those property an activities conducted an their insurers, if any, shall have no liability of any nature for any and all damage to my child and other persons or properties as a result of any acts, omissions or negligence of the “owner” or any other person (including my child) or entity and I hereby release and discharge owner and discharge owner and insurer, if any, for any such damage.

I have read the Acknowledgement Risks, Assumption of Risk and Responsibility and Release of Liability. I/We understand that by signing this document I/We ARE/ MAY BE WAIVING ALL LEGAL RIGHTS.

Name of Organization/Individual: _____ Contact Phone: _____

Event Type: _____ Event Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Authorized Representative (Printed)

Authorized Representative (Signature)

Date

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