

# Ascent Trampoline Park Limited

## Adult (16 and Over) Jumper Consent Form

Please enter your details here

First  
name.....  
.....

Email  
Address.....  
.....

Last  
Name.....  
.....

Telephone  
no.....  
...

Date of  
Birth.....  
.....

Next of  
kin.....  
.....

Address.....  
.....  
.....

Next of Kin Tel  
No.....

\*Please note Rules of Bounce can be found overleaf

I wish to take part in all activities at Ascent Trampoline Park including but not limited to Trampolining

I confirm that I am aged 16 or above

I understand that trampolining and climbing wall / traverse wall activities themselves are not completely free from risk and whilst Ascent staff will take all appropriate precautions to prevent accidents, injuries can occur.

I confirm that I will carry out all activities within Ascent Trampoline Park in accordance with the specific safety briefing instructions and that I will follow instructions and advice given by Ascent staff at all times

I understand that I must wear Ascent Trampoline Socks when using the park's trampolines.

I give consent in the event of any illness/accident for any necessary treatment to be administered to me.

In giving my consent, I am confirming that I have fully read, understood and accept the content of this consent form. I also confirm that I have read the rules of bounce and that I will abide by the rules outlined in the rules of bounce at all times and know that by breaking these rules, I am at risk of not only injury, but also being asked to leave the park itself.

From time to time, Ascent Trampoline Park will be taking photographs or filming participants using the park.

# Ascent Trampoline Park Limited

Please tick the box if you give permission for yourself to be the subject of photographs/films

Signed.....

Print name.....

date.....