

# Participant/Attendee Waiver for Field Trip or Structured Program

**Event name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In Consideration of being allowed to enter the play area and/or participate in any camp, field trip, and/or program at Pump It Up, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates, understands, and agrees that:

1. I acknowledge and understand there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
2. I further acknowledge and understand that there are risks associated with participating in specific camps, field trips, or programs offered at Pump It Up due to the use of paint, clay, glue, scissors, chalk, and other items associated with the specific event attended. These include, but are not limited to: skin irritation, blindness, poisoning, or death.
3. I willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up.
5. I, for myself, participant(s) named, our heirs, assigns, representatives, and next of kin, agree to waive rights, hold harmless, not bring legal action or file claims, and indemnify the independent owner of this Pump It Up facility, PIU Holdings LLC, PIU Management, LLC, and their collective affiliates, officers, and employees for injuries or property damage arising out of participation at the event.
6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings LLC, PIU Management, LLC, and their collective affiliates, officers, and employees for any defense cost or expense arising out of any claim for damages, injury, or death arising from my participation.

	Child's Name:	Child's D.O.B.	Applicable Sessions:
1			
2			
3			

**Parent or Guardian Signature:** \_\_\_\_\_

**Parent or Guardian Name (please print):** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_