

HAMPTONS TUMBLEBUS
ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION

Participants First Name

Last Name

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, and rock climbing. Being fully aware of these dangers, I hereby give consent for my child (children) to participate in any and all Tumblebus programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my child's (children's) participation I hereby, for myself and my child (children) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE MICA Entertainment dba Hamptons Tumblebus, its officers, directors, shareholders, employees, contractors, and volunteers from all liability in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In the event of an accident or emergency, I hereby authorize my child (children) to be transported to a hospital for medical treatment and I hold Tumblebus and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child (children) as a result of any injury sustained while participating at or for Tumblebus.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

Parent/Legal Guardian's Signature

Date