



I, HEREBY ASSUME ALL RISK AND FULLY RELEASE, ACQUIT, REMISE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE iJUMP, LLC, ITS PARENT, SUBSIDIARIES, AFFILIATES, OTHER RELATED ENTITIES, SUCCESSORS, OWNERS, MEMBERS, DIRECTORS, OFFICERS, SHAREHOLDERS, AGENTS, EMPLOYEES, SERVANTS, ASSIGNS, INVESTORS, LEGAL REPRESENTATIVES AND ALL INDIVIDUALS OR ENTITIES INVOLVED IN THE OPERATIONS OF iJUMP, LLC, OF AND FROM ANY AND ALL PAST, PRESENT AND FUTURE CLAIMS ARISING FROM THEIR ACTS AND/OR OMISSIONS, INCLUDING BUT NOT LIMITED TO, DEMANDS, OBLIGATIONS, ACTIONS, CAUSES OF ACTION, RIGHTS, DAMAGES, COSTS, NEGLIGENCE CLAIMS, GROSS NEGLIGENCE CLAIMS, ASSAULT CLAIMS, DECEPTIVE TRADE PRACTICE CLAIMS, CONTRACT CLAIMS,

INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS CLAIMS, PERSONAL INJURY CLAIMS, PREMISES LIABILITY CLAIMS, PRINCIPAL-AGENT LIABILITY CLAIMS, MENTAL ANGUISH CLAIMS, PAIN AND SUFFERING CLAIMS, PHYSICAL IMPAIRMENT CLAIMS, DISFIGUREMENT CLAIMS, LOST WAGES CLAIMS, LOSS OF EARNING CAPACITY CLAIMS, WARRANTY CLAIMS, PUNITIVE DAMAGES CLAIMS, EXEMPLARY DAMAGES CLAIMS, AND ANY OTHER FORM OF COMPENSATORY CLAIMS OF ANY NATURE WHATSOEVER, WHETHER BASED ON A TORT, CONTRACT, OR OTHER THEORY OF RECOVERY, WHETHER SAME BE KNOWN AND REALIZED OR UNKNOWN AND NOT REALIZED, THAT I, MY ASSIGNEES, HEIRS, DISTRIBUTES, GUARDIANS OR LEGAL REPRESENTATIVES NOW HAVE, HAVE HAD, OR EVER WILL HAVE; FOR INJURY, ILLNESS, DEATH, OR DAMAGE RESULTING FROM MY PARTICIPATION IN iJUMP, LLC ACTIVITIES & SERVICES AND THE RISKS INVOLVED WITH SAME. THIS RELEASE IS INTENDED BY BOTH PARTIES TO BE AS BROAD IN ITS EFFECT AS ALLOWED BY LAW.

I AND MY CHILD HAVE A RESPONSIBILITY TO OURSELVES AND TO OTHER USERS OF THE iJUMP, LLC FACILITY AND TO CONDUCT OURSELVES IN A SAFE MANNER. If we are unsure of what our responsibilities are at any time, we will ask an employee of the facility. Neither I nor my CHILD will use the facility while under the influence of drugs or alcohol or while in any other condition that would cause impairment.

I HEREBY GIVE CONSENT TO iJUMP, LLC TO PROVIDE MEDICAL CARE AND TO GIVE AUTHORITY TO ANY MEDICAL PROVIDER TO GIVE IMMEDIATE CARE TO MY CHILD. [] Initials v v R, RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND A LEGAL CONTRACT BETWEEN ME AND iJUMP, LLC, AND THAT IT AFFECTS MY LEGAL RIGHTS. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL. A COPY OF THIS DOCUMENT IS AUTHENTIC AND AS EFFECTIVE AS THE ORIGINAL.

Print name of Adult / Parent / Responsible Guardian	Adult's Birth Date	Adult's Age
Address	City Zip State	
Email	Emergency Phone Number	
Print Name of Participant	Minor's Date of Birth	Age
Print Name of Participant	Minor's Date of Birth	Age
Print Name of Participant	Minor's Date of Birth	Age
Print Name of Participant	Minor's Date of Birth	Age
Print Name of Participant	Minor's Date of Birth	Age
Signature of participant over 18 or Parent/Legal Guardian of Minor		Date