

**CONSENT, DISCLOSURE, & ACKNOWLEDGEMENT OF RISK**  
**Extreme Air Park Inc.**

I, \_\_\_\_\_, give Extreme Air Park Inc. (EAP) permission to have a physician tend to me should it be considered necessary. It is understood that EAP and its staff is not responsible for the cost of medical care or any other associated expenses.

I am aware that the program that I am participating in constitutes a course undertaken at the sole discretion of the undersigned (myself). I am further aware that this course/activity, in addition to the usual risks inherent, has additional risks, which may include but not be limited to:

- Rope burn, sprains, fractures, scrapes, bruises, cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck.

I understand that EAP offers programs, which include but are not limited to trampolines. I appreciate that there are inherent risks involved. I am aware of all inherent risks, including the possibility of personal injury, death, property damage or loss resulting therefrom. I acknowledge that the enjoyment of EAP is derived, in part, from the inherent risks incurred by travel and activities beyond the accepted safety of home, work, or school, and that these inherent risks contribute to such enjoyment, being a reason for my participation. I hereby release and hold EAP harmless for any injury I may incur

In entering into this agreement, I am not relying on any oral, written or visual representation or statements by EAP its officers, employees, guides/instructors, agents of representatives (collectively, the Staff) or any other inducement or coercion to participate in this activity, only of my own free will.

I agree to participate and follow the rules and directions of the EAP instructor(s) with regards to rules and safety requirements.

I hereby confirm that I am at an age of legal consent (18 years) and that I have read and understood this Agreement prior to signing it, and agree that the Agreement will be binding upon my heirs, next of kin, executors, administrators and successors signing it, and agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of the Province of BC Canada.

Do you have any existing health, mental or physical condition(s) that preclude you from trampolines? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is under 18 years of age)