

Declaration, Waiver and Indemnity.

	onsideration of our entry and allowing our school to participate in the Revolution Sports Park Facility, I
	are that on behalf of:
Chilo	ds Name: Name of School:
	1. I waive, release and discharge Revolution Sports Park from all claims or causes of action it may have (including for negligence) arising from any injury, loss or damage of any kind suffered including personal injury, illness or death and/or loss or damage to any property arising either directly or indirectly due to participation in the facility.
	2. I acknowledge that activities inside the revolution sports park facility can be hazardous and as a result serious injury including sprained muscles, broken or fractured bones or other physical injuries or death can come as a result.
	3. The above mentioned participant is physically fit to take part in activities at the facility, no current or previous medical conditions will affect their participation.
	4. All park rules and conditions will be adhered to. The park supervisors reserve the right at their discretion to reject or cancel entry at any time, including but not limited to reasons of safety, insurance, or if in the opinion of the supervisors, the above mentioned participant are unfit to participate in the park activities for any reason.
	5. I consent to receive and agree to pay for any reasonable medical treatment for the above mentioned participant (including transport by ambulance) considered advisable by the Revolution Sports Park medical staff, prior, during or after any activities at Revolution Sports Park.
	6. Photos, movies or videos may be recorded by Revolution Sports Park of you for security and promotional purposes. I consent to these images and videos being taken and used at the discretion of Revolution Sports Park.
	7. I understand that attendance in the park activities is voluntary and exclusively at your own risk and at all times you have the option to withdraw from the activities.
bo Pa	ereby acknowledge that I have read, understood and accept these terms and conditions and agree to be und by them in relation to me and any person under my care's attendance at Revolution Trampoline Sports rk. Siver & Indemnity in respect of students:
	and a machinity in respect of students.
	r children attending Revolution Sports Park activities for a school sporting event, this section MUST be by a parent or guardian of the entrant.
studer	certify that I am the parent/guardian of the twho will be participating in activities in the park. I confirm that they have my consent to attend and pate in the park activities.
activiti give th	sideration of accepting the student's application and allowing the student to participate in the Park ies, I hereby agree (on behalf of myself and any student under my care) with Revolution Sports Park: to same waiver, release, discharge and indemnity as set out above and that I have read, understood and the terms and conditions set out above and agree to be bound by them in relation to the student's
	ance at and participation in the Event.