

WAIVER OF LIABILITY

In consideration of me being permitted by The Gordon School (hereafter School) to use **The Extreme Bungee**, I agree to the following waiver and release. I, the undersigned user, agree to assume any and all risk and indemnify the School as well as the Gordon Community Association and hold the School as well as the Gordon Community Association harmless. I understand the Extreme Bungee involves trampoline type activities and I acknowledge there are risks involved with it.

I further agree to assume any and all risks of personal injury including, but not limited to: broken bones, paralysis and death that may occur while I am using the Extreme Bungee. By signing this release, I understand and appreciate the risks involved in the activity and I hereby release the School, its Board, officers, employees, volunteers and agents from all liability for any personal injury that I may incur.

I am physically fit and know of no medical or health reason why I should not use the Extreme Bungee.

This release applies to and binds my personal representative, executors, heirs and family.

I understand this release of liability is a binding legal contract. I am over 18 years of age. I have carefully read this agreement and fully understand its contents. I sign it of my own free will. I also understand that this contract is severable, in other words, that if any part of this contract is held by a court of law to be unenforceable, the rest of the contract shall survive.

Participant: *Please print and write clearly:*

Signature of Participant _____ Birth Date _____

Participant's Name (PRINT) _____

Participant's Address _____

Phone Number _____

Parents/Guardians:

I have read this agreement and fully understand and acknowledge its contents. I am aware that this release of liability is a binding contract.

Parent/Legal Guardian's Signature (*if participant is under 18 years of age*):

_____ Date _____

Parent/Legal Guardian's Name (PRINT) _____

Additional Participants of Same Family:

Signature of Participant _____ Birth Date _____

Participant's Name (PRINT) _____

Signature of Participant _____ Birth Date _____

Participant's Name (PRINT) _____

PLEASE COMPLETE FORM AND DROP OFF AT THE FRONT DESK