Jump On In Waiver and Electronic Waiver Sign-up Sheet

					<u>Pai</u>	rent/	Guard	iian i	nfo:	(* I	ndica	tes F	tequ	ured	Fie	as)								
☐ I am a Parent of	r Leg	jal G	uar	dia	n. F	Plea	se e	nter	the	inf	orm	atio	n b	elo	w.									
Parent's First Name*																								
Parent's Last Name*																								
Email Address*																								
Addr (req'd)*	Stree	et*:																						_
	City*:											tate*:						 Zip*:						
Phone (req'd)*										_														_
Child's Name: (list add	dition	al na	mes	s on	bac	k of	form)																
Name*								,			N	ame	*											
Birthdate*			/	,		/					Bi	rthd	ate [:]	*			/				/			
parent/legal guardian, comply with the stated including but not limit viruses, unknown contamy care, to property, of Jump On In parties, classified does exist; and I known arising from the negliged minor(s) in my care partices of injury to him/he Jump On In representatives and neofficers, agents, emploinjury, disability, death, my children, for all partices including partices and neofficers, agents, emploinjury, disability, death, my children, for all partices including partices and neofficers.	d and ed to agious or to to see, prowing ence of ticipa injuration at the yees, or lo icipar	I cust the to the	pote par	ary tent s, an ties s an free part d al par ately self eby artic mag car	term tial for nd/o can d eq ly assicipa sicipa sicipa bove ticipa and hold cipan e to e and	ns, ri or par CO occu uipm sume nts. is(a ants. irthe the l har nts, a persed/or	ules a varialys varial of the e all r Being dump re) of In a abov mless and s on or my s	and essis, co. 19, o activity White isks ground for physical greece page 3 June poons propous	conditions death of the conditions of the condit	ditio h, en her o s inv artic myse vare quip assi pan Dn Ir g ag yy to	ns formotions for motions for motions for motions for motions for the mention of the mention of the mention of the formal for motions for	or paonal age to get a consider the consider to safe t	ortice distance all files of the control of the con	tres tres tyse t or quip poove gers s, cla for my ranc Par kten	ion. s, n lf, o mo me e pa s, l v asse rtici ard, all ty" t of	I renoner the tion of tion of tion of tion of the tion of	ecceta e a e, ir nd par nta nd p dic lor LLC "JO lav	egni ry I nd nclu per nts, rily an an be an be an be an be ar ar be ar ar ar ar ar ar ar ar ar ar ar ar ar	ze tooss, the ding son bot con gran y of g it cost and limited in the limited in	that exabc g pa al di th ki sen ns. f the to t to t to g y y y y y y y y y y y y y y y y y y y	the posuve li rtici rtic	risk live 1 isted pation of the pation of th	c of co biling of the control of the	possible injury acteria, fungus rticipants under and/or use ouce the risk, the sknown, even it the above lister attivities without of the nearest, and all others signs, personathisee and their to any and a sking Submit for
I also agree to the aboperiod of five years fro against any of the JOI substantive law of the that state. I further cor and I may be denied ac without limitation, symportion of this waiver is By signing this document.	m too Partio state nsent cess t ptom s foun	day's es, I in wi to Ju to or s of e	date agre hich imp force expo be v	e. I ee t the On ced sur	agre o so e JOI In st to va e to or u	ee the lely Part taff tage to bacte nenf	at ar do so y is lo aking Jum eria, t orcea	iy dis o in socate my p On fung ible,	sput the ed s or t In i us, v	state hall he P if eit virus rem	II be e in appl artic her d es, u ainir	sett whice y in ipan of us nkno	led that t's evi- own ortic	by a he J t act temp deno con	orbiion perace altag	etrati Part with atur ny s ious	ion y is hou e, a sym s dis nai	Ir lo lo lo lo lo lo lo lo lo lo lo lo lo	the cate egar I ac oms ses, full	e eved and took of some or (ent nd I o coo wled sickn COVI ce a	that fur nflic dge ess D-1 nd e	I fil ther t of that or il 9. I a ffec	e an arbitratio agree that th the law rules i the Participan lness, including agree that if an t.
the programs or partie against the JOI Parties this entire document. I	s at J on th	lump e bas	On sis o	In, of an	I ma ny cla	ay be aim f	four	nd to whic	o ha h I h	ve v nave	vaive rele	d m ased	y o	r the	e m	inor in.	pa	rtic	cipa	nt's	righ	t to	ma	intain a lawsui
Parent/Guardian Signat	ure:						_		D	ate:			_								i	Acce	pt	Decline

Please include me in e-mailings for special offers, discounts, coupons, news, etc.