



## **Gel Ball Rental Waiver:**

THIS IS A LIABILITY – PLEASE READ BEFORE SIGNING. THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY Gel Blasting RELATED ACTIVITY AND/OR FOR NON-PARTICIPANTS WISHING TO ENTER INTO AREAS DESIGNATED FOR Gel Blasting USE.

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Gel Blasting OR to enter into an area designated for Gel Blasting use with Serjo Bouncy Castles, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and equipment involved in Gel Blasting is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation;
3. I understand that the activities of Gel Blasting are physically, emotionally and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY Serjo Bouncy Castles Ltd. and give consent to any photograph or filmed image taken of me participating in any activity within the facility and said photographs or film shall become the property of the Releasees or any of its designees. The Participant hereby grants the Releasee and/or its agent or designee permission to use any such photographs or films of him/her for use in materials promoting the Releasees. Such use may include publication in the local newspaper, website, brochures, general advertising and other vehicles that may be distributed to or otherwise seen by large numbers of individuals and potential patrons of the Releasees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Serjo Bouncy Castles Ltd.  
90 Foxglove Crescent  
Kitchener N2E 3Y8, ON  
226-606-1420



FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the GellyBall. and all other Releasees but also to release and indemnify the Releasees from any and all liabilities to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Printed Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENTAL CONSENT (Required for participants under the age of 18) AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

Printed Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_