

ROMP N STOMP ACTIVITY CENTER
900 MEDINA ROAD ~ MEDINA, OHIO 44256 866-655-JUMP

2015 CAMP WAIVER / RELEASE FORM

CHILD #1 First / Last Name _____ Date of Birth (M/D/Year) ____ / ____ / ____ Gender: G B

Medical Condition: if none, write NONE _____

Allergies: if none, write NONE _____

CHILD #2 First / Last Name _____ Date of Birth (M/D/Year) ____ / ____ / ____ Gender: G B

Medical Condition: if none, write NONE _____

Allergies: if none, write NONE _____

I, the parent/legal guardian of the participant(s) agrees that the participant(s) and I shall comply with the stated and customary terms, rules and conditions for participation in any party and/or program at Romp n Stomp and acknowledge failure to do so may result in expulsion from Romp n Stomp. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest official immediately: and,

I understand that participation in Romp n Stomp programs, parties, camps and/or use of the play areas and inflatable equipment inherently creates a risk of injury, and I, on behalf of myself and the participants, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I for myself and the participant(s) and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless EJJ Enterprises LLC / dba Romp n Stomp, their affiliates, officers, members, agents, employees, and other participants and sponsoring agencies from and against any and all claims, injuries, liabilities, or damages arising out of or related to participation in any and all Romp n Stomp programs, activities, parties, the other play area and/or inflatable equipment.

I hereby release the company and authorize the use of still photographs or motion picture footage of my child(ren) for the purpose of advertising, publicity, commercials, or other business purposes and release all claims of any kind on account of such use

My signature below signifies my giving permission and authority to the Romp n Stomp staff to seek medical attention for my child in the event of an emergency. Furthermore, I agree to release EJJ Enterprises LLC / dba Romp n Stomp and its employees from any and all liability, loss, damage, claims or actions in accordance with the current local, state and federal law, which I and / or my child may have arising out of my child's participation in this camp. Also, I understand that my child(ren) is expected to follow all rules and act in a safe and orderly manner at all times, and is expected to follow all reasonable requests of the staff for their safety.

Parent/Guardian Print Name

Parent's Signature **Date**

Home Address: _____

City/State/Zip: _____

Home / Cell Phone#:(_____) _____ - _____

PRINT Email: _____