Trampoline Supervision Consent Form

Date:
To Whom It May Concern,
I, the undersigned, hereby give my consent for my child:
Child's Name:
Age:
To participate in trampoline activities supervised by:
Supervisor's Name:
Contact Number:
I acknowledge that trampoline activities can involve inherent risks and I assume all responsibility for my child's participation. I confirm that my child is in good health and capable of participating in such activities.
In case of emergency, I can be reached at:
Parent/Guardian Name:
Contact Number:
By signing below, I waive any claims against the supervisors and the facility in case of injury during the trampoline activities.
Signature of Parent/Guardian:
Date:
Thank you for your attention.