LONESTAR TPLD 1, LLC– ALTITUDE TRAMPOLINE PARK PARTICIPANT AGREEMENT

WAIVER, RELEASE AND ASSUMPTION OF RISK

PARTICIPATION IN TRAMPOLINE COURT AND PARK ACTIVITIES ENTAILS obligations of any nature or kind, whether known at the time I leave the Park or which may KNOWN, ANTICIPATED AND UNANTICIPATED RISKS THAT COULD RESULT arise or become known later, which accrue on account of, or in any way arise out of or in IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR connection with: (a) my activities within the Park; (b) the activities within the Park by others; DAMAGE TO YOUR SELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT (c) the operation of the Park by Park Owner regardless of whether such claims are founded ARE NOT LIMITED TO, SLIPPING AND FALLING, LANDING IMPROPERLY, in whole or in part upon alleged negligence, or the actual negligence of LONESTAR; (d) COLLISIONS WITH FIXED OBJECTS, MOVING OBJECTS AND/OR OTHER my use of any and all of the Park facilities; and (e) my use of any and all equipment within PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, the Park, whether owned by me, LONESTAR or a third party; BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.

BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.	a
	(Initials)
(Initials)	
By providing my initials above, I acknowledge my understanding and agreement to the	
foregoing terms.	and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever,
	including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments
	directly or indirectly arising out of, or relating to my acts or omissions while participating in
"Park") and my desire to spectate and/or participate in the activities and services provided by	
LONESTAR TPLD 1, LLC, at the Park today and in the future LONESTAR TPLD 1, LLC,	
and its individual members, managers, directors, officers, agents, employees, volunteers,	(Initials)
representatives, servants, predecessors, successors, assigns, affiliated entities, heirs, personal	
representatives and all other persons, firms, or entities claiming by or through them are	
hereinafter known as "LONESTAR"):	activities and represent that my participation in the activities is purely voluntary and I elect to
7 () () () () () () () () () (participate in the activities notwithstanding the risks;
I, (print name), on behalf of	
myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my	
parent(s), my heirs, assigns, personal representative and estate hereby:	(Initials)
(a) agree to use the Park and its facilities in a safe and responsible manner;	(f) fully understand that participating in the activities within the Park involves
(u) agree to use the rank and its racinities in a safe and responsible manner,	physical exertion; and accordingly represent that I (i) am in sufficient good health to
(Initials)	participate in activities within the Park; (ii) I do not have any pre-existing physical or medical
(condition, including without limitation pregnancy, orthopedic problems, including back
(b) agree to abide by the Park rules and instructions and the directions of Park	problems; heart problems; and/or breathing problems, that might be impacted or worsened by
	my use of the Park; and (iii) will not use the Park and its facilities while under the use of any
directions are intended to promote the safety of both myself and others; (ii) my failure or	
refusal to abide by those rules, instructions and directions can lead to the immediate	
revocation of my right to use the Park and its facilities, without any right to refund of any	
payments made; and (iii) in the event of sickness, accident or injury, (a) I will immediately	(Initials)
report my injury to the Park's staff and under no circumstances will I leave the facility	
without doing so, (b) I will cease all participation in Park activities at that time of sickness,	(g) agree to (i) watch the Park's safety video before participating in any
accident or injury, (c) I authorize the Park employees and representatives to obtain and	activity, (ii) attempt only activities that I feel I am capable of performing safely, and (iii) stay
secure, on my behalf, emergency medical treatment and transportation, when deemed	in areas that will not place me in danger.
appropriate by the Park employees and representatives, and (d) I agree to assume, at my	
expense, all costs of emergency medical care and transportation;	
	(Initials)
(Initials)	
	1

(c)

agree to fully and forever waive, release and discharge LONESTAR from

any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or

(h) certify that 1 have adequate insurance to cover any injury or damage I may cause or suffer while participating in the activities within the Park, or if not, I agree to bear the costs of such injury or damage to myself and others; and,	If the Participant is not 18 years of age or older, then the following Parent or Guar Consent must be read and signed before the Participant is allowed to use the Park	
(Initials)	its facilities.	
(i) authorize LONESTAR, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media ("Images"). I acknowledge that LONESTAR will own such Images and I grant permission, without compensation, for LONESTAR, or any affiliated party of the Altitude Trampoline Park brand, to copyright, display, publish, distribute, use, modify and print such Images in any lawful manner, including without limitation, in publications, advertisements, brochures, web sites, social media and other electronic displays and transmissions thereof. The foregoing authorization shall not include using my name with any Image, unless I agree otherwise in	I have read and understand the terms of this WAIVER, RELEASE AND ASSUMPTIO RISK AGREEMENT and unconditionally agree to its full terms, statements, warra notices, representations, waivers and releases on behalf of both myself and m community, if any, and my child or ward, whose name is:	anties,
writing.	(Print Your Child's or Ward's Name) (Child or Ward's D.O.B)	
By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms I agree that any legal proceeding shall be filed solely in the County of <i>Travis</i> , <i>Texas</i> and I further agree that the substantive law of <i>Texas</i> shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.	Consent, I am giving up important legal rights both on behalf of myself and my child or regarding potential rights and claims against LONESTAR. I have had sufficient opport to read this entire document. I have read and understood it, and I agree to be bound terms. I hereby warrant and represent that if I am neither the Child's Parent nor legal Guard have been granted the expressed authority to execute this Waiver, Release and Assumpt Risk Agreement by, and on behalf of, the Child's Parent or Guardian. In the event that not have the authority to execute this agreement on behalf of another, I agree that I sh solely liable for any and all claims, actions, penalties, causes of action, services, for	g this r ward tunity by its dian, I ion of at I do all be
, c)
I understand and agree that: (i) that this Waiver, Release and Assumption of Risk gives up important legal rights; (ii) I am giving up these important legal rights voluntarily, freely, under no threat of duress, without inducement, promise or guarantee being communicated to me; and (iii) the signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.	PARTICIPANT/GUARDIAN:	
Dated:, 20	(Print Name - Picture I.D. required)	
PARTICIPANT: I represent that I am Eighteen (18) years of age or older	Relationship to Child or Ward:	
(Signature)	Parent/Guardian Telephone Number:	
(Print Name - Picture I.D. required)	Parent/Guardian Address:	