

# Medical Release Form

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list all known medical conditions, including food allergies and/or drug allergies. Please also include all over the counter and/or prescription drugs taken regularly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an emergency, please contact \_\_\_\_\_ Relationship to your child \_\_\_\_\_  
Emergency Phone #1 (\_\_\_\_) \_\_\_\_\_ Emergency Phone #2 (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # (\_\_\_\_) \_\_\_\_\_  
Physician's Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # (\_\_\_\_) \_\_\_\_\_  
Dentist's Address \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Group/Policy # \_\_\_\_\_

I, \_\_\_\_\_, am the parent or legal guardian of the child named above. I hereby grant permission for any and all medical, dental, surgical, diagnostic, and hospital care or procedures which may be performed or prescribed by a licensed physician or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent/Guardian Signature X \_\_\_\_\_

## Jump Planet Waiver Form

In consideration of being allowed to enter into the play areas and/or participate in any party and/or program at Jump Planet Inc, the undersigned, on his or her own behalf of the participant(s) identified above acknowledges, appreciates and agrees to the following conditions:

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

I understand that participation in Jump Planet programs and/or use of the play areas and inflatable equipment inherently creates a risk of injury, and I, on behalf of myself and the participant(s) 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 Jump Planet Inc, their affiliates officers, members, agents, employees, 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 Jump Planet programs, activities, and the use of the play areas and /or inflatable equipment.

Parent/Guardian (Please Print) \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_

Date \_\_\_\_\_