	Acknowledge COMPLETED BY ALL TH				ead it hefore sign	in
Play20ay	CONTRECTED DI ALL	iis is an important do		a you mast re	dd it belole sign	
Name of Person Booking						
Your Full Name (if different)						
First line of address						
Postcode		Date	of birth	/	/	
ONLY TO BE COMPLETED IF OVER	16 AND BOUNCING					
Mobile number			M/F			
Email						
 Inflatable Park ('the Company') withing 1 on the company website. 2. I am sixteen years or older. 3. I agree that I will undertake the Activiadvice given to me prior to or during the 4. I acknowledge that I am responsible f 5. I certify that to the best of my knowled involved in an incident which could result the could result in the company') withing 1 on the company') withing 1 on the company') withing 1 on the company website. 	ities in accordance with the saf e session. In addition, I agree t for my own safety (and the safe edge I do not have a medical co	fety rules and advice tha to wear socks whilst part ety of my possessions) w ondition which might hav	t I receive al icipating in t hile underta ve the effect	ong with any or the Activities. king the Activiti of making it mo	al instructions or	
ONLY TO BE COMPLETED IF YOU	HAVE UNDER 18 YEAR OLD	OS WITH YOU THAT A	RE BOUNG	CING		
inafter 'the Activities') organised by the of completion of this form. A register or guardian of the child/ren I have authorithe child/ren's personal information. 7. I agree that I am responsible for the cwith the safety rules and advice that I are or during the session. In addition I agre 8. I acknowledge that I am responsible fensure that I pay particular attention to 9. I certfy that to the best of my knowle of making it more likely that he/she/the please check with the child/ren's parent Participants under 18 years old the	f companies is available as App ty from the child/ren's parent of child/ren in my care and under and he/she/they receive along we to ensure the child/ren wear for the safety and supervision of any under 16 year olds and wi dge the child/ren do not have by be involved in an incident what its or guardian).	pendix 1 on the company or guardian to sign this retake to ensure that he/sl with any oral instructions (s) socks whilst participa of the child/ren named bell supervise them at all thany medical conditions (nich could result in injury	website. I can be a calculated ask acknowled ask acknowled ask acknowled ask acknowledge ask a	declare that I am dgement & wai ertake the Activitien to me and I ctivities. e safety of our pegnancy) which	n not the parent or ver form and disclo ities in accordance he/she/them prior possessions). I will might have the effe	se to
1. First name	Surname		M/F	Date of birth	Age	
2. First name	Surname		M/F	Date of birth	Age	
3. First name	Surname		M/F	Date of birth	Age	
4. First name	Surname		M/F	Date of birth	Age	
TO BE COMPLETED BY ALL						
	/she/they am(is/are) physically ndertaking such Activities. or loss or damage to any persoarising from or in connection was claims against the company	rable to. I acknowledge on all effects, I acknowled with the Activities (exception this respect. Il be monitored and reconseve been provided with the provi	and accept t ge that the C t for death c orded throug he safety rule	hat the activities Company will no or personal injur shout the premises and advice of the	s are dangerous an the liable for any ry caused by the Co ses for the purpose	d m-
Signature		Dat	e /	′ /		
YES, I would like to join	Play2Day Inflatable Park Club					
via text and email. I unde	erstand it is free to join and I ca	an end my membership a	it any time.	Tick here to joir	ı today!	