



DATE OF CONSENT _____

WAIVER OF LIABILITY – AIR-TASTIC CORK LIMITED

A COMPLETED WAIVER IS REQUIRED BEFORE ENTRY TO PLAY AT AIR-TASTIC CORK LIMITED. THERE WILL BE NO EXCEPTIONS.

AIR-TASTIC INFLATA GRIPPY SAFETY SOCKS ARE REQUIRED TO BE WORN BY EVERY PERSON ENTERING THE INFLATABLE ZONE.

NO OUTSIDE FOOD OR BEVERAGES PERMITTED.

In consideration of permitted access to the inflatable area all participants of Air-tastic must accept that they enter the area at their own risk. Where the person entering the area is a minor the parent or guardian of the minor must accept that the minor enters the inflatable area at their own risk. Each person is required to consider the information contained within this waiver and accept that they or their child or the person for whom they are responsible enters the area at their own risk. Air-tastic, Little Island, does not make any enquiries as to the status of the person signing the waiver and assumes that those signing this waiver on behalf of a minor have authority to do so.

I, for myself, my child or ward sign this Waiver and Assumption of Risk in consideration of the entry and opportunity to use the inflatable facility and/or to participate in any party or activity organised by a third party at Air-tastic, Little Island Cork Limited.

I, for myself, my child or ward hereby acknowledge and understand that there are inherent dangers and risks associated with activities that take place at inflatable fun parks and assume all risk for any injury including personal injury, loss and damage, including the potential for catastrophic injury, paralysis and death.

I, for myself, my child or ward agree to follow the safety instructions provided and acknowledge that failure to do so may result in being removed from the premises at Air-tastic, Little Island, Cork Limited.

I, for myself, my child or ward, hereby acknowledge that I have reviewed the safety documentation and safety demonstration video at Air-tastic, Little Island, Cork and explained this to any minor, child or ward that I have accompanying me.

I, for myself, my child or ward and on behalf of my or their heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS Air-tastic, Little Island, Cork Limited, its owners, members, officers, employees, equipment manufacturers and sponsoring agencies from all or any liability for any such personal injury, loss, damage or upset suffered by me, my child or my ward or any persons accompanying me, including liability for death, catastrophic injury, paralysis or loss or damage to any person or property. By the execution of this agreement, I accept that I assume all risk for injury, loss or damage and waive any right to sue or exercise any legal right to seek damages against Air-tastic, Little Island, Cork Limited or its related companies, agents, employees, officers, directors, trustees and any person or entity acting on its behalf.

I, hereby acknowledge on behalf of myself, my child or my ward that participation in activities that Air-tastic, Little Island, Cork are conducted at my own risk or at the risk of my child or ward, I hereby confirm that our participation at Air-tastic, Little Island, Cork Limited is voluntary and we assume all risk associated with injury loss and damage by our participation.

I hereby confirm that I am over 18 years of age; I hereby confirm that I have read the foregoing carefully and have been offered an opportunity to ask the staff of Air-tastic, Little Island, Cork Limited for clarification in respect of any of the

terms and conditions of this waiver. I confirm that I am happy to sign the agreement and understand its full legal implication. I am aware that by signing this agreement, I assume all risks and waive any right I have to pursue any legal action against Air-tastic Little Island Cork Limited, its agents, employees, officers, directors, trustees and any other persons acting on its behalf, should any loss whatsoever arise.

I understand that this document is a contract and I have read through it thoroughly and understand its terms and conditions.

PLEASE PRINT AND SIGN NEATLY

Participants Name:	Date of Birth:	Parent/Guardian of participants signature:	Team Member witness signature:
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Participants Name:	Date of Birth:	Parent/Guardian of participants signature:	Team Member witness signature:
Participants Name:	Date of Birth:	Parent/Guardian of participants signature:	Team Member witness signature:
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