

TRAMPOLINE WAIVER FORM

I/We _____ give my/our child(ren) _____
(Parent/Guardian name) (Child(ren's) name)

permission to play on the trampoline while in care at Hilltop Beginnings Preschool LLC., with the understanding that there will be an adult present while he/she is doing so.

I/We, acknowledge that use of a trampoline can be dangerous and may result in serious injury if policies are not followed. My child is aware that failure to follow policies will result in the loss of trampoline use privileges, with reinstatement of privileges at the sole discretion of Katie Huckleberry and Suzanne Jones. I/We grant my child (named above) my permission to participate in trampoline use.

I/We understand the Trampoline Rules and have explained them to my/our child(ren).

TRAMPOLINE RULES:

- 1) No more than one or two children at one time.
- 2) No somersaults, flips, or other tricks allowed.
- 3) No double-bouncing or other horse-play allowed.
- 4) No shoes allowed inside of the trampoline
- 5) There will be NO walking on outside rim of trampoline.
- 6) Nothing allowed in trampoline such as toys, blocks, sticks, etc.

I/We further release Katie Huckleberry and Suzanne Jones from all responsibility should any injury arise while my child is using said trampoline in a proper manner and completely supervised at time of usage.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

I/We _____ DO NOT want our child (ren) _____
playing on the trampoline while in the care of Hilltop Beginnings Preschool LLC.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)