

Booking ref:

Name of person booking:

Your name:



Spring City Acceptance of Terms (AofT's)

PLEASE READ VERY CAREFULLY BEFORE ACCEPTING THE TERMS BELOW

FOR PARTICIPANTS WHO ARE OVER 16 YEARS OLD

1. I am 16 years old or over.
2. I wish to participate in the activities organised by Spring City Limited whose registered office is at 173 College Road, Crosby, Liverpool, Merseyside, L23 3AT.
3. I acknowledge that my participation in the activities provided by Spring City entails known and unknown risks that could result in physical or emotional injury, paralysis, death or damage to myself, to my property or to third parties. I further acknowledge that the activities provided by Spring City require a reasonable level of fitness and ability and I confirm that I am physically able to take part in the activities.
4. I acknowledge that I have been provided with the necessary safety instructions by Spring City in relation to the activities and understand them. I confirm that I will comply with the safety instructions at all times whilst on the Premises.
5. I acknowledge that I am responsible for my own safety and the safety of others whilst partaking in the activities. I understand that the activities may be undertaken without the direct supervision of Spring City employees once I have been given safety instructions and agree at all times to ensure that I wear any protective equipment provided by Spring City. I confirm I will comply with any instructions given at any time during the activities by employees of Spring City.
6. I confirm that I will only carry out moves and tricks that are within my ability level and of which I am able to retain control of at all times. Moves and tricks are performed at my own risk.
7. I confirm that I comply with any height, weight, age or other restrictions that may be put in place by Spring City from time to time. I acknowledge that if I do not comply with any height, weight, age or other restrictions or any other requirements put in place by Spring City from time to time I may not be able to partake in the activities.
8. The risks inherent to the activity have been made clear to me and I expressly acknowledge that my participation in the activity is voluntary and that I have elected to participate despite the risks.
9. I understand that Spring City may wish to photograph or record me and/or use any photographs or recordings taken on the Premises featuring me or any children in my care (if applicable) (of whom I confirm I am the parent or guardian of, or have the authorisation- to confirm on behalf of their parent or guardian) for (but not limited to) Spring City's printed publications, presentations, promotional materials, in advertising or on its website.
10. I do not object to Spring City storing copies of any photographs or recordings as referred to in Clause 11 above, or to Spring City storing my contact details on its database and use these details to

send me further information about Spring City. All details provided will be stored in line with the Data Protection Act 1998.

PARTICIPANTS WHO HAVE UNDER 18's ACCOMPANYING THEM

11. I am 18 years old or over or a parent to the child/ren stated below.

12. I agree that I am responsible for the child/ren in my care. If I am not the parent or guardian of the child/ren, I confirm I have authority from the child/ren's parent or guardian to sign this form on their behalf.

13. I confirm that I will supervise the child/ren in my care at all times whilst they are partaking in the activities.

14. I confirm that to the best of my knowledge, the child/ren in my care do not have any medical condition which may make them partaking in the activities dangerous, increase risk of injury to them or others, or make it more likely that they will be involved in an incident which could result in injury during the activities.

15. I confirm that I am responsible for the child/ren stated below:

Name:	Age:	Date of Birth:
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Name:	Age:	Date of Birth:
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Name:	Age:	Date of Birth:
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I agree that this acceptance of terms shall apply to all visits within the next 12 months from today's date and I will not be required to sign a fresh copy of this acceptance of terms before each visit.

I ACKNOWLEDGE THAT I (AND MY CHILDREN/CHILDREN IN MY CARE IF APPLICABLE) HAVE BEEN PROVIDED WITH ALL SAFETY INSTRUCTIONS AND I HAVE READ AND FULLY UNDERSTOOD THE SAFETY INSTRUCTIONS AND THE RULES STATED IN THIS DOCUMENT.

I am not aware of any medical condition or have not had a medical condition (For example any heart conditions/dizziness/fainting/high blood pressure/breathlessness due to exercise) which may make partaking in the activities dangerous, increase risk of injury to myself or others, or make it more likely that I will be involved in an incident which could result in injury during the activities. To the best of my knowledge I am not pregnant. Please tick box to confirm

Print Name:

Signature:

Date of Birth:

Email Address:

Date :

By signing this form I agree to my information being transferred from this form and for it to be stored electronically, this acceptance of terms will be valid for 12 months from the date of signature.