

BASC Field Trip

Friday, January 18th



Field Trip cost is \$27.00

Any Student May Register. Limited Spots.

If attending, students **MUST** be here by 9:00AM.

If interested in attending BASC on Friday, January 18th, please return Registration Form with payment, a hard copy of the Waiver (do not complete Waiver online) and BASC Form with payment by December 17th. Drop off in the BASC Drop Box located in the Kinder area.

All students registered for Full Day BASC on this day go on the Field Trip. There are no arrangements made to care for students at school who do not go on the Field Trip.

Sky Zone Field Trip Jan 18th



Student Name: _____ Grade: _____

Amount Paid: _____ (Make payable to SCCS)

Any questions, please contact Kim at (204) 880-8245



Assumption of Risks, Release of Liability,
Waiver of Claims and Indemnity Agreement – Sky Zone Winnipeg

PLEASE TAKE YOUR TIME AND READ CAREFULLY

BY SIGNING THIS DOCUMENT, YOU WILL GIVE UP LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE!

Please print and fill out highlighted areas completely or complete electronically at <https://www.skyzone.com/ca-winnipeg>

Must be completed for participants under the age of 18

(Print up to four names/birth dates below of children of the SAME parent, legal guardian, or power of attorney):

Minor Participant 1: First Name	Last Name	Birth Date
Minor Participant 2: First Name	Last Name	Birth Date
Minor Participant 3: First Name	Last Name	Birth Date
Minor Participant 4: First Name	Last Name	Birth Date

TO: Sky Zone Winnipeg (hereinafter “Sky Zone”)*

IN EXCHANGE FOR Sky Zone allowing me or my child to participate in trampoline activities, I agree as follows:

CHECK
BOX TO
AGREE

1. I understand and accept the risks associated with Sky Zone trampoline and other activities, including the possibility of physical or emotional injury, paralysis, death, and property damage. I understand that this agreement applies not only to use of the trampolines, but also all other equipment, and all activities and games at the Sky Zone Facility. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Specific risks of trampoline and other activities include, but are not limited to: **cuts and bruises, muscle and joint sprains and strains, broken bones, equipment failure, falling off of equipment, participants falling or landing on each other or any surface, double bouncing, flipping, slipping, and landing awkwardly.** Sky Zone employees have difficult jobs to perform. They seek to create a safe environment, but they are not perfect. They might be unaware of a participant’s health or abilities. They may give incomplete warnings or instructions. They cannot watch all participants at all times. The equipment being used might malfunction. **I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS ASSOCIATED WITH TRAMPOLINE ACTIVITIES AT SKY ZONE AND I CHOOSE TO PARTICIPATE DESPITE THE RISKS.**

2. I acknowledge that, in addition to the risks described above, my participation or my child’s participation in Glow Zone entails additional and unique risks due to reduced lighting. I understand that the reduced lighting during Glow Zone can affect depth perception and visibility and may cause me or my child to fall, slip, misstep, collide with other jumpers, or collide with equipment. I agree, on behalf of myself or my child, to accept and assume all of the risks associated with Glow Zone and voluntarily agree to participate in Glow Zone despite the added risks.

3. If I am signing this Agreement on behalf of my child, I confirm that I have assessed the risks associated with Sky Zone trampoline activities, in light of the specific abilities and circumstances of my child, and I VOLUNTARILY ALLOW MY CHILD TO PARTICIPATE in Sky Zone trampoline and other activities despite the risks. I therefore agree that if my child is injured during Sky Zone trampoline and other activities, I will accept all responsibility and liability for such injuries.

4. I confirm that I have read or heard or seen the rules governing my or my child's participation in Sky Zone trampoline and other activities. I understand that Sky Zone's rules have been implemented for the safety of all participants, and I have explained the rules to my child. I understand that my or my child's failure to follow Sky Zone's rules could result in damage, expense, injury, or death. I acknowledge that my or my child's failure to follow the rules could result in expulsion from Sky Zone.

CHECK
BOX TO
AGREE

5. I agree to **GIVE UP MY RIGHT TO SUE SKY ZONE** for any damage, expense, physical or emotional injury, paralysis, or death that I or my family or estate may suffer as a result of my participation in Sky Zone trampoline and other activities, **DUE TO ANY CAUSE WHATSOEVER**, including Sky Zone's negligence, the failure to warn or protect me from risks, breach of contract, breach of any other duty of care, or breach of the Occupiers' Liability Act, C.C.S.M. c. O.08. I agree to waive any and all claims that I have or may have in the future against Sky Zone, and to **RELEASE SKY ZONE FROM ANY AND ALL LIABILITY** for any damage, expense, injury, or death.

6. I also agree to hold harmless and indemnify Sky Zone from any and all liability for any damage, expense, injury or death caused to any third party as a result of my or my child's participation in Sky Zone trampoline and other activities.

7. I agree that if any portion of this Agreement is found to be void, unenforceable, or inapplicable, the remaining portions shall remain in full force and effect.

8. If I am signing this Agreement on behalf of a child, I confirm that I am the child's parent or legal guardian, or that I otherwise have legal authority to sign this Agreement on behalf of the child.

9. I confirm that have read or have had sufficient opportunity to read this entire Agreement, have understood the terms of this Agreement, and **AGREE TO BE BOUND** by the terms of this Agreement.

* In this Agreement, "Sky Zone" means 7187076 Canada LTD, Sky Zone Franchise Group LLC, Sky Zone LLC, RPSZ Construction LLC, all related companies, affiliates, employees, agents, directors and/or officers.

Parent/Legal Guardian/Power of Attorney/Participant' Signature (if 18 or older)

Date:

Parent/Legal Guardian/Power of Attorney/Participant' Information (if 18 or older)
Please Print Clearly Using Blue or Black Ink.

Signer First Name		Signer Last Name		Signer Birth Date	
Street Address			City	Province/State	Postal Code/Zip Code
Phone Number			Email Address		

CHECK
BOX TO
AGREE

Check box to receive marketing materials and special offers or other electronic messages containing information about Sky Zone Indoor Trampoline Park offered by Sky Zone. You may withdraw your consent at any time. Refer to our privacy policy by clicking on the 'privacy policy' link on our website or contact us for more details.