

TEAM Z ENTERTAINMENT, LLC
PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

ONE DAY WAIVER ONLY VALID ON DATE OF VISIT: _____
ONE DAY WAIVER ONLY VALID FOR GROUP NAME: _____

In consideration of the services of Team Z Entertainment, LLC., operator of BravoZ, their agents, owners, officers, volunteers, participants, employees, franchisors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TZE"), I hereby agree to release, indemnify, and discharge TZE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

(1) I acknowledge that my participation in trampoline court, ninja obstacle course, climbing activities and other amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Slipping and falling; collision with fixed objects or people; injuries including, sprains, fractures, scrapes, bruises and cuts, dislocations, pinched fingers and serious injuries to the head, back, or neck the negligence of other participants, TZE, or myself; my own physical condition; physical contact with others. **(2)** I expressly agree and promise to accept and assume all of the risks existing in activities at TZE. My participation in activities at TZE is purely voluntary, and I elect to participate in spite of the risks. **(3)** I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TZE from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in activities at TZE or my use of TZE's equipment or facilities, **including any such claims which allege negligent acts or omissions of TZE. I understand that this perpetual release/waiver will apply to each and every occasion that I visit a TZE facility.** **(4)** Should TZE or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. **(5)** I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. **(6)** In the event that I file a lawsuit against TZE, I agree to do so solely in the Courts of Duval County in the State of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. **(7)** I irrevocably grant TZE the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in activities at TZE, I may be found by a court of law to have waived my right to maintain a lawsuit against TZE on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participants 18 & over fill out below:

Signature of Participant: _____ **Print Name:** _____

Email: _____ **Phone:** _____ **Today's Date:** _____

Address: _____ **City:** _____ **State:** _____

Driver's License No.: _____ **DOB (MM/DD/YYYY):** ____/____/____

ADDITIONAL MINOR'S RELEASE/WAIVER - PARENT OR GUARDIAN'S ADDITIONAL
RELEASE/WAIVER (Applicable to all participants under the age of 18)

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF TZE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM TZE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND TZE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. source: (Section 744.301, Florida Statutes)

In addition to the terms, conditions, and acknowledgments contained in the above **PERPETUAL PARTICIPANT AGREEMENT, RELEASE/WAIVER AND ASSUMPTION OF RISK**, and in consideration of the below printed Minor being permitted by TZE to participate in its activities and to use its equipment and facilities, I further agree to perpetually release, indemnify, and hold harmless TZE and its agents and employees from any and all claims which are brought by, or on behalf of Minor, and are in any way connected to Minor's use of TZE's premises, or participation in TZE activities, **including any such claims caused by, or alleged to be caused by, negligent acts or omissions of TZE.**

Signature of Parent/Legal Guardian: _____ Print Name: _____

Relationship to Participant(s): _____ Phone: _____ Today's Date: _____

Address: _____ City: _____ State: _____

Driver's License No.: _____ DOB (MM/DD/YY): ____/____/____ | Parents Date of Birth

Minor Name: _____ DOB (MM/DD/YY): ____/____/____ |

Minor Name: _____ DOB (MM/DD/YY): ____/____/____ |

Minor Name: _____ DOB (MM/DD/YY): ____/____/____ |

Minor Name: _____ DOB (MM/DD/YY): ____/____/____ |