

TRAMPOLINE RELEASE OF CLAIMS
Rehabilitation Center for Neurological Development
&
Nicholas School

The undersigned agrees to abide by all of the rules and regulations posted at the trampolines and related facilities at the Rehabilitation Center for Neurological Development hereinafter referred to as the "CENTER/SCHOOL", and in consideration for the use of the trampolines and related facilities does hereby release and discharge the said Center/School and all employees, agents and other volunteer workers of the Center/School and each of them, from any and all claims, demands and actions and causes of action of every name and nature which he/she might have against any of them from any or any loss or damage whatever which might result to him/her from the actions and activities of the Center/School, its workers, agents and employees, while using the trampolines and related facilities.

He/she voluntarily assumes all risks of accidents or damage to the person and property of himself/herself and agrees and covenants with the Center/School and its workers, employees, other volunteers and agents as aforesaid that he/she will not, nor will anyone claiming through him/her hereafter bring, commence, prosecute or maintain or cause or permit to be brought, commenced, prosecuted or maintained, any suit either at law or in equity in any court in the United States or any state thereof or elsewhere against said Center/School, its workers, employees, other volunteers and agents as aforesaid for or on account of or arising out of or in any way connected with any injuries or damages which might be suffered by him/her while using the trampolines and related facilities at any time, nor enforce, prosecute or recover or attempt to enforce, prosecute or recover upon any claim or right of action whatsoever which he/she or anyone claiming through him/her might now or hereafter have or assert in any way connected with his/her activities at said Center/School.

***Student/Client Name:** _____

I have read the above statement and fully understand the contents therein.

Signature of Parent/Guardian/Client

Signature

Date

Rehabilitation Center for Neurological Development
1306 Garbry Road, Piqua Ohio 45356

