

GYROSCOPE RIDE RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.
Express Assumption of Risk Associated with use of Gyroscope Ride and Related Activities

Gyroscope Ride Riding Location: _____

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with surfboard simulator riding activities to which I am about to engage, including but not limited to:

- 1) The rotation of the Gyroscope ride will cause me to feel dizzy, nauseous, and sick;
- 2) The changing condition of the equipment used during riding, the ground surface, and the speed and movement of Gyroscope Ride
- 3) Inclement weather, lighting, variances and extremes of wind, weather and temperature;
- 4) My sense of balance, physical condition, ability to ride and stay on or follow directions;
- 5) The presence of insects and flying life forms;
- 7) Equipment failure or operator error;
- 8) Heat or sun related injuries or illnesses, including sunburn, heat-stroke or dehydration;
- 9) Fatigue, chill and / or reaction time and increased risk of an accident
- 10) Loose hair and articles of clothing moving around can cause harm

I understand that the above described risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Magic Jump Rentals Inc. employees seek safety but they are not infallible. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions and the equipment being used might malfunction.

I specifically acknowledge that I am at least three feet tall (36 inches tall) and that I have read, understand and agree to abide by all Gyroscope Ride instructions at all times, and that I have been trained in the safe use of Gyroscope Ride riding equipment to my complete satisfaction, and I am physically/mentally able to participate in the Gyroscope Ride riding activities to which I am about to engage. 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 that I might aggravate or cause myself.

I specifically waive any defense insofar as this contract is concerned that may arise as a result of any law and / or regulation or policy that may impact its enforceability. In consideration of being allowed to participate in the above-described activities, as well as the use of any of the facilities and the use of the equipment of the below listed releases, I hereby agree as follows:

1) To waive and release any and all claims based upon negligence, active or passive.

2) To release the releasees, their officers, directors, employees, representatives, agents, sub-contractors and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, property damage or loss of life that may occur as a result of engaging in the above activities.

3) By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

I have read this Agreement, understand it, and I agree to be bound by it.

Signature of Participant

Name of Participant (Please Print)

Date

Signature of Parent or Guardian if Participant
Is a Minor, and by their signature, they on my
behalf release all claims that both they and I have.

Name of Parent of Guardian (Please Print)

Date