

# STEPPING STONES TRAMPOLINE WAIVER FORM

I/We \_\_\_\_\_ give my/our child(ren) \_\_\_\_\_  
(Parent/Guardian name) (Child(ren's) name)

permission to play on the trampoline with the enclosed safety net while at Stepping Stones Early Learning Center INC, with the understanding that there will be an adult present while he/she is doing so.

I/We, acknowledge that use of a trampoline can be dangerous and may result in serious injury or death if policies are not followed. My/our child(ren) is aware that failure to follow policies will result in the loss of trampoline use privileges, with reinstatement of privileges at the sole discretion of Stepping Stones.

I/We grant my child (named below) my permission to participate in trampoline use.

I/We understand the Trampoline Rules and have explained them to my/our child(ren).

## TRAMPOLINE RULES:

- 1) No more than two children at one time.
- 2) No somersaults, flips, or other tricks allowed.
- 3) No double-bouncing or other horse-play allowed.
- 5) There will be NO walking on outside rim of trampoline.
- 6) Nothing allowed in trampoline such as toys, blocks, sticks, balls, etc.
- 7) No shoes, sandals, or flip flops will be worn while on the trampoline.
- 8) **Trampoline is for School Age children only**

I/We further release Stepping Stones Early Learning Center INC from all responsibility should any injury arise while my/our child is using said trampoline in a proper manner and completely supervised at time of usage.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

I/We \_\_\_\_\_ **DO NOT** want our child (ren) \_\_\_\_\_  
playing on the trampoline at Stepping Stones Early Learning Center INC.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)