



Participant Waiver & Release of Liability

NOTE: Every participant and volunteer must personally read, understand, and execute a waiver form.

Participant's Name: _____

Camp Location: Mississippi College **Camp Date(s):** February 26-27, 2026

Liability Waiver, Assumption of Risk & Participant Agreement

LIABILITY WAIVER & ASSUMPTION OF RISK

I fully understand and accept that participation in Bounce Nation Horizontal Jumps Camps and Clinics involves inherent risks, including the possibility of personal injury or property damage. By enrolling, I voluntarily assume all such risks. I hereby waive any and all claims—past, present, or future—that I, my heirs, executors, administrators, or assigns may have against Bounce Nation, its staff, coaches, volunteers, facility owners, partner organizations, and representatives (collectively, the “Released Parties”) for any injury, illness, or property damage arising from my participation in any Bounce Nation camp, clinic, activity, or event.

INDEMNITY AGREEMENT

In consideration of the opportunity to participate, I agree to indemnify and hold harmless the Released Parties from any claims made by third parties—including but not limited to fellow participants or members of the public—for injury, illness, or property damage resulting from my own intentional, negligent, or reckless conduct. This indemnity shall remain in effect beyond the duration of my participation.

CERTIFICATION OF GOOD HEALTH

I certify that I am in good physical condition and have received clearance from a licensed physician to participate in Bounce Nation camps and clinics. I affirm that I have no medical condition, impairment, or history of illness—including respiratory, circulatory, or cardiac issues—that would compromise my safety or increase the risk of injury, illness, or death during participation.

MEDIA RELEASE

I grant Bounce Nation permission to use my name, image, and likeness in any promotional materials, including print, broadcast, digital, or video formats, related to Bounce Nation camps and clinics.

By signing this agreement, I acknowledge that I have read and understood all terms, conditions, and eligibility requirements, and I voluntarily accept and agree to abide by them.

Name: _____
Please Print (Participant)

Signature: _____ Date: _____
Participant