

AQUA TUMBLER WAIVER

Anyone under the age of 18 years of age must have a parent or guardian sign this form. The Aqua Tumbler ride is a serious sports activity which should only be attempted by physically fit persons who are within our ride limits.

Age: Must be at least 48" tall
Weight: Maximum weight per person is 275lbs
Maximum total rider weight is 460lbs

Enter current weight in pounds here: _____ + _____ + _____ = _____

We are sorry but if you are outside our limits you will not be allowed on the ride.

In addition, all riders must confirm that they do not have any of the following medical conditions:

- Back, Neck or Spinal injury or conditions
- Skeletal or muscular injuries
- Pregnancy
- Heart conditions
- Lack of full body movement
- Impairment due to being under the influence of drugs or alcohol
- Any other physical or mental condition which may restrict your ability to safely ride

Release of Claims, Assumption of Risk, Contact and Waiver of Liability

I understand and am aware that this activity is potentially hazardous. I acknowledge the possibility that injuries and physical and mental changes arising during and/or resulting from engaging in this activity do exist. These injuries and changes include, but are not limited to, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, joint injuries, in some instances, death. I understand injuries and changes could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I release 'Aqua Tumbler at Splash Lagoon Indoor Water Park Resort' product manufacturers and all other persons and companies associated with the activity from any and all liability for any personal injury, death, property damage or loss I may suffer as a result of my participation in this activity, and for any cause whatsoever including negligence on the part of any of those parties.

I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this activity.

I understand I am not obligated to complete any ride, and that I may cancel a ride prior to riding but do understand that there are no refunds available.

I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waving any right I, or me heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against Scott's Splash Lagoon, Inc., including its respective representatives, officers, owners, executors, and/or assigns. I confirm that I have read over this agreement before signing, that I understand it, and it will be binding not only on me but also on my heirs, next of kin, executors, administrators and assigns.

PARENT/GUARDIAN INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail Address _____

Signature: _____ Date: ____/____/____

PARTICIPANT INFORMATION:

Name: _____

Date of Birth: ____/____/____ Male: _____ Female: _____

E-mail Address: _____; I would like to receive information regarding Splash Lagoon via email.

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Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail Address _____

Signature: _____ Date: ____/____/____

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Name: _____

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