

# Trampoline Supplemental Application

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Location Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Website: \_\_\_\_\_

Years in operation: \_\_\_\_\_

Phone # of Facility \_\_\_\_\_ Federal ID # \_\_\_\_\_

## **Owner of Facility**

## **Contact for Facility**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Cell: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Insured's /Certificate Holders and mailing address ( Please specify their interest in the operation. Example - Landowner, vendor, investor, etc.)

### **Landlord name and address:**

\_\_\_\_\_

### **Bank/lender name and address:**

\_\_\_\_\_

### **Other additional insured required:**

\_\_\_\_\_

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## OPERATIONS RECEIPTS:

Admissions: \_\_\_\_\_

Concessions: \_\_\_\_\_

Party Sales\*: \_\_\_\_\_

\*60% of party sales will go toward an admissions rate / 40% will go towards a concessions rate

## OTHER ATTRACTIONS (besides basketball/dodgeball):

### Joust Battle / Beam

- Separate Area  Part of Main Pit
- Blocks  Airbag

### Ninja / Obstacle Course

- Capacity \_\_\_\_\_
- Manufacturer \_\_\_\_\_

### Rock Wall

- Manufacturer \_\_\_\_\_ Height of wall \_\_\_\_\_
- Auto Belay  Yes  No
- Attached to Foam Pit  Yes  No
- Age, Height, Weight Restrictions \_\_\_\_\_

### Stunt Jump

- Separate Area  Part of Main Pit
- Manufacturer \_\_\_\_\_ Height of wall \_\_\_\_\_
- Gate Locking  Yes  No

### Laser Tag

- Square Footage \_\_\_\_\_ Manufacturer \_\_\_\_\_

### Other Attractions

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## **FACILITY INFORMATION**

Do you  Own  Lease Square footage of facility: \_\_\_\_\_

Cost of trampoline park build out? \_\_\_\_\_ Estimated Annual Payroll \_\_\_\_\_

Days open per week: \_\_\_\_\_ Hours: \_\_\_\_\_

Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ How many on an average day? \_\_\_\_\_

Do all employees wear uniforms or same apparel?  Yes  No

Do you have a no-jump policy for all employees while on duty?  Yes  No

Are any alcoholic beverages served or allowed on the premises?  Yes  No

Do you provide day care or babysitting services?  Yes  No

Do you provide after school and/or summer programs?  Yes  No

Do you have any overnight activities or events?  Yes  No

Do you have security cameras that cover the entire facility?  Yes  No

Do you have a backup system for all video surveillance?  Yes  No

• How many days full storage before "record over": \_\_\_\_\_

Do you have fire alarms?  Yes  No

Do you have an automatic sprinkler system?  Yes  No

Is the facility inspected compliant with local fire codes?  Yes  No

Is assumption of risk/patron responsibility/safety signage present throughout facility?  Yes  No

Is there more than one public exit in the main building structure?  Yes  No

Do you have a first aid kit(s)?  Yes  No AED? \_\_\_\_\_

Is at least 1 employee CPR and First Aid certified?  Yes  No

Are the rides inspected by a state agency?  Yes  No

Any "cosmic/glow" jump times?  Yes  No

## **TRAMPOLINE INFORMATION:**

Type of Trampoline:  Wall to Wall  Bungee  Stand Alone  Tumble Track

Manufacturer / Designer of trampoline system: \_\_\_\_\_

*NOTE: If you have an airbag system, please list the manufacturer:* \_\_\_\_\_

Is the park current with all ASTM standards?  Yes  No

# Trampoline Supplemental Application

- Are instructions given to jumpers prior to each session?  Yes  No
- How are instruction given?  Verbally  Video
- What is the ratio of court monitors to jumpers? \_\_\_\_\_
- Are **ALL** participants required to sign waivers?  Yes  No
- What is the minimum participation age? \_\_\_\_\_
- Are participants separated by age and experience?  Yes  No
- Is all equipment inspected prior to each jump session?  Yes  No
- Patron responsibility/safety signage at entrance to each device?  Yes  No
- Have you modified the trampoline system?  Yes  No
- Is there an equipment maintenance and inspection program in place?  Yes  No
- Any apparatus hanging from ceiling in jumping area?  Yes  No
- Is barrier netting at top of all platform barriers?  Yes  No
- Is barrier or gate used to prevent unauthorized access to devices?  Yes  No
- Does a redundant fall through protection device exist under all jump surfaces?  Yes  No
- Is impact absorbing matting completely covering springs and device frames?  Yes  No
- Is impact absorbing matting attached to jump surfaces and secured to device frames?  Yes  No

## **PLEASE INCLUDE THE FOLLOWING DOCUMENTS:**

- Waiver
- Employee/Operations Manual
- Business Plan (for new locations) with owner resume/bio

It is hereby understood and agreed that if insurance is issued by virtue of completing this application, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRATNIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant immediately and automatically cease, and the certificate/policy shall become null and void.

Print Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_