

CANOPY RIDGE FARM

Zip Line Tour Participant Agreement, Release, and Acknowledgement of Risk Form

In Consideration of the services at Canopy Ridge Farm, their agents, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CRF"), I hereby agree to release and discharge CRF on behalf of myself, my children, parents, heirs, assigns, personal representatives and estates as follows:

- 1. ACKNOWLEDGMENT OF RISKS-** I acknowledge that participation in Zip line Tours, and/or the use of the course entails both known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to my property or the third parties. This activity involves sliding down a suspended cable over rugged terrain. To commence the zip line activity, participants will be driven approximately three tenths of a mile in golf carts over a bumpy and some times muddy road; will be required to hike across improved and unimproved trails; will hike up natural terrain and lumber steps; and jumping from elevated lumber platforms. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, CRF facilitators have difficult jobs to perform. They seek safety, but are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather of the terrain or the equipment being used might malfunction. . I also acknowledge and understand injuries such as sprains, scrapes, and bruises can and sometimes do occur during the activity. **I have read this section, and initial to show that I understand and agree:** _____
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the CRF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, or my use of CRF equipment of facilities.
4. Should CRF, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. 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 damage or injury myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
7. I am aware that CRF requires strict adherence to its standards of safety and conduct. I agree to fully abide by these standards or to accept dismissal for refusing to adhere to them. I hereby grant CRF to take and use photographs, video, film and other images of me participating in or observing the activities. I waive my right of privacy, publicity, compensation, copyright or other rights to those images and I consent to CRF using those images for any purposes.
8. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CRF on the basis of my claim from which I have released them. I have had sufficient opportunity to read this entire document.

Participant's Name _____ Participant's Signature _____

Address _____ City _____ State _____ Zip Code _____

Age _____ Birth date ____/____/____ Weight _____ Today's Date ____/____/____

Emergency Contact Name _____ Emergency Contact Phone # (____) _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (IF PARTICIPANT IS UNDER 18)

In consideration of the above named participant (Minor), I give my permission to participate in CRF, its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless the CRF from any and all claims which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Name (Print)

Signature

How did you find out about us _____ Where are you staying

Email address _____