

**Canopy Ridge Farm**  
**ZIP LINE TOUR RELEASE OF LIABILITY AGREEMENT**  
**PLEASE READ CAREFULLY BEFORE SIGNING**  
**INITIAL EACH SECTION TO CONFIRM UNDERSTANDING AND AGREEMENT**  
**(Participants over 18 years or Parent or Guardian if participant is under 18 must initial and sign)**

In Consideration of the services at Canopy Ridge Farm, its parent company (Aeternum, Inc), its 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:

\_\_\_\_\_ **ACKNOWLEDGMENT OF RISKS.** I acknowledge that participation in zip line tours and/or the use of the course entails both known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to my property or third parties. This activity involves zipping down a suspended cable over rugged terrain. To commence and conclude the zip line activity, participants will ride in a vehicle over a bumpy and sometimes muddy road, hike across improved and unimproved trails and terrain, and climb lumber steps and bridges, and step from elevated platforms. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, CRF facilitators seek safety, but are not infallible. They might be ignorant of a participant's fitness or abilities, might misjudge the weather or terrain, or the equipment being used might malfunction. I also acknowledge and understand injuries such as stings, sprains, scrapes, and bruises can and sometimes do occur during the activity.

\_\_\_\_\_ I expressly agree and promise to accept and assume all risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate regardless of risks.

\_\_\_\_\_ 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 or facilities.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 \_\_\_\_\_