

## LIABILITY RELEASE & INFORMED CONSENT & PHOTOGRAPHIC / VIDEO RELEASE

**PLEASE READ CAREFULLY.** This is a legal document. If you have questions, we encourage you to consult with an attorney before signing.

In consideration of and as part payment for the right to participate in activities associated with or enter upon the lands of Plumtree Enterprises LLC, Sky Valley Zip Tours, Camp Sky Ranch Events, LLC, Camp Sky Ranch, Inc., their agents, owners, associates, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SVZT"). I hereby voluntarily agree to release, indemnify, discharge, hold harmless, and covenant not to sue SVZT, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and/or estate for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, intentional acts, or any other act or omission which causes the undersigned illness, injury, death, and damages of any nature in any way connected with my participation in this activity or for being upon the lands of SVZT. Additionally, I certify that I am between the weight limits of 70 and 250 pounds. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which SVZT or its agents is a party shall be the District Court in Watauga County, North Carolina.

Risks	Prevention	Solution/Treatment
1. Getting hit by a falling object.	Be alert. Look up before walking near or under the course. Wear a helmet.	Inform staff of injuries for assistance.
2. Hair, clothing or jewelry getting caught in pulleys or other parts of the zip line course.	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing (ex. avoid loose sleeves).	If caught, remain calm and ask Staff for assistance.
3. Injuries or discomfort caused by improper wearing of harness.	Fit harness as secure as possible and check for any loosening throughout the day. Have harness checked by two different Staff members.	If you have any questions or doubts, ask Staff for assistance.
4. Scrapes and cuts.	Wear proper clothing (ex. long pants closed-toe shoes). Touch only surfaces as instructed.	Inform Staff of any injuries or concerns.
5. Death or serious injury.	Wear proper safety gear. Demonstrate skills in Ground School. Check to see if carabiners are secure. <u>Always Follow Staff Instructions</u> and maintain awareness of your protective equipment and surroundings.	Inform Staff of any injuries or concerns.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and my fellow participants during this activity. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to me or others. Furthermore, I agree to respect the rights and feelings of the other participants and staff and to act in a supportive and caring manner during my participation of the event.

I understand that I have the right to not participate if I don't feel physically or emotionally safe. I also understand and accept that in some situations on the course, my participation is necessary in order to exit the course safely. I further understand that I may be dismissed from participation without refund for refusing to follow any of the above.

I, the undersigned, consent for all purposes to reproduce, sell, and/or use of photographs and/or video of the undersigned (with or without the use of the individual's name), by Sky Valley Zip Tours and by any nominee or designee of Sky Valley Zip Tours (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art, internet, and exhibition. NOTE: Your photo may be a part of a series of photos sold to others members on your tour. Sky Valley will not be held responsible for the use of photos purchased by other guests.

As parent/legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in SVZT activities, and I sign this release on their behalf. In addition, I give SVZT permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary for the undersigned participant or minor, the expenses are the sole responsibility of the participant. I certify that the minor is between 70 and 250 pounds in weight.

**I have read this document. In signing this document, I fully recognize and understand that if I, (or any minor on whose behalf I am signing this release), am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against SVZT even if they negligently or by some other act or omission cause the injury or damage. I expressly assume all risk. I voluntarily sign my name as evidence of my acceptance of the above provisions.**

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant's Printed Name & Age: \_\_\_\_\_ Parent/Legal Guardian: Printed Name & Age: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_