## PARTICIPANT AGREEMENT Zipline Junky 11410 NE 124th ST, Suite 427 Kirkland, WA 98034

Participant Name:	_Birthdate:	
Parent/Legal Guardian Name (if Partici	pant under 18):	
Address:	City/State:	Zip
Telephone: ()	E-mail (optional):	
	HIS PARTICIPANT AGREEMENT AFFECTS YOUR LE D IT VERY CAREFULLY AND UNDERSTAND IT BEFO	
	mpany") allowing me to participate in the zip-lining and ivities"), I hereby acknowledge, agree, represent, and wa e as follows:	
mental limits and condition. I hereby acknowledge, or, in certain case may occur in remote places without immereaction time; changing weather, fog, rain, inability to properly participate in the Activi measures; accidents caused by other participate.	ociated with the Activities are inherently dangerous and owledge that participation in the Activities involves risk is, serious injury or death. I understand that the risks, in diately available medical facilities; fatigue, extreme heat sleet, snow, or other conditions; slippery trails or roads ties or to follow rules and directions concerning the Act ipants; and other unforeseeable events that may contripates exist, I hereby specifically accept and assume all the Rise	is that I may suffer, without limitation, injury, iclude, without limitation, injuries or accidents t, chill, and/or dizziness that may diminish my where I may be walking or traveling; my own ivities; equipment failure or inadequate safety bute to the chances of accident or injury (the
	nat all information I have provided is true and complete; and in the Activities voluntarily and of my own free will. INI	
<b>3</b> . I hereby acknowledge that I will be reparticipating in the Activities, including, but	quired to listen to, and agree that I will follow, all instant instant to, the following:	structions, rules, and other requirements for
	quipment, I agree that all adjustments will be made only as or concerns about the fit or adjustment of equipment of	• •
• I will hold on to my equipment with at least	st one hand at all times while zipping or otherwise involve	ed in the Activities. <b>INITIAL ()</b>
time terminate my participation in the Activ safety requirements or the rigors of particip	e Company in its sole discretion can refuse to permit me rities if, in its sole discretion, it believes me to be incapab ating in the Activities or if I fail or have failed to meet the rticipation in the Activities is refused or terminated for ar	ole of following the instructions or meeting the m. I hereby release the Company, its members
<b>5.</b> I hereby agree that if any provision in this shall be enforced without the severed provision.	s Participant Agreement cannot be enforced, the same sk sion. <b>INITIAL ()</b>	nall be severed, and the rest of this Agreement

**6.** I hereby assume full responsibility and release the Company and its affiliates, agents, representatives, employees, officers, members, and owners (collectively, the "Released Parties") for any claim, cause of action, or other obligation or liability for bodily injury, death, or damages suffered or incurred by me arising from or in connection with my participation in the Activities, including as a result of any negligence of any of the Released Parties (collectively, the "Released Claims"). I hereby agree to defend, indemnify, and hold harmless the Released Parties from and against any claims, demands, damages, costs, or expenses, including attorneys' fees that they may suffer or incur as a result of the assertion by any person of

any of the Released Claims. INITIAL (\_\_\_\_)

•	rize the Company and its contractors and the norized Parties") to take photographs of me th			embers, and
and ima Authoriz approve hold har they ma	by further authorize the Authorized Parties to ages of me for any lawful purpose, includir zed Parties to edit, alter, copy, exhibit, publish the same or to claim any royalties or other rmless the Authorized Parties from and again by suffer or incur as a result of the assertion to sion of privacy, arising from or in connection to	ng, without limitation, publicity, in, and distribute my photograph, locompensation for such use. I he st any claims, demands, damages by me or any other person of any	advertising, and web content, and an ikeness, or image and waive any right reby release and agree to defend, ind, costs, or expenses, including attorney claim or cause of action, including, but	uthorize the to inspect or demnify, and ys' fees, that
in the Activities shof Washington; ve	that this Participation Agreement and any cla nall be governed by Washington law; any acti enue shall properly lie in said Court; and the attorneys' fees. I hereby warrant and represe	on related to the same shall be bree party most prevailing in any suc	rought in a Court of proper jurisdiction ch action shall be awarded its costs a	n in the State nd expenses
PARTIC	CIPATION REQUIREMENTS			
	Physical/Health: Participants must be in g with the following conditions are NOT pern surgeries or injuries, epilepsy or seizure medications, Individuals with back problem health care provider before participating in	nitted to participate in the Activiti disorder, Impaired hearing or v ns or other medical conditions suc	ies: Pregnancy, Limited use of arms or vision, Under the influence of alcoho	legs, Recent ol, drugs, o
	Weight: Minimum weight: 40 lbs. Maximu	m weight: 250 lbs.		
	Age: Minors 12 years and under must be ac without a parent or legal guardian's signatu		or over. Minors of any age <b>may not</b> par	ticipate
	<u>Communication:</u> Participants must be able	to understand and follow instruct	_	NITIAL (
I HAV	/E READ, UNDERSTAND, AND ACCEPT TH	IE TERMS AND CONDITIONS O	F THIS PARTICIPANT AGREEMENT.	
Participant Signa	ature:		Date:	
PARENTAL/GUA As the parent or I Agreement on bel on said minor's be Released Claims of the Authorized Pa	ARDIAN'S CONSENT  legal guardian of the minor identified above half of said minor in connection with his or he half makes any claim or demand against any or the use of any photographs, likeness, or im arties, as applicable, from and against any nat they may suffer or incur, including, for this	, I hereby accept and agree to al er participation in the Activities. I of the Released Parties or the Aut age, I hereby agree to defend, ind such claims or demands and an	I of the terms and conditions of this I f, despite this Agreement, I, said mino horized Parties for or in connection wit demnify, and hold harmless the Release by related damages, costs, or expense	or, or anyone th any of the ed Parties or es, including
Parent/Legal Gu	uardian Signature:		_ Date:	