

PLEASE COMPLETE BOTH SIDE OF THE FORM

Sandy River Outdoor Adventure LLC RELEASE AGREEMENT – Waiver Not to Sue and Acknowledgement and Assumption of Risk

Please Read Carefully

I, the undersigned do hereby understand, acknowledge and agree that my participation at Sandy River Outdoor Adventure Ropes Course is based on a philosophy of “Challenge by Choice”, which means that my or my minor child’s participation, and level of challenge in any activity is purely voluntary. I further understand that Team Building, High and Low Ropes, Zip Lines and other climbing related activities contain inherent risks that could lead to permanent serious injury or death. These risks could include, but are not limited to: falling to the ground, falling onto other participants, collisions with equipment or objects, being hit by falling objects, emotional duress, and natural environmental risks, including but not limited to animal/insect bites, stings, poison ivy, and uneven ground. I further understand, acknowledge, and agree that while instruction, rules, equipment, and personal discipline may reduce these risks; the possibility of injury does exist.

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE ACTIVITY, I AGREE TO ASSUME FOR MYSELF AND/OR MY MINOR CHILD, ALL OF THE RISKS INVOLVED.

RELEASE FROM LIABILITY

In consideration of being allowed to participate at Sandy River Outdoor Adventure LLC, Ropes Course, **I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND SANDY RIVER OUTDOOR ADVENTURE LLC., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, IN ANY WAY RELATED TO MY OR MY CHILD’S USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME.**

I agree to report all injuries to a *Ropes Course* facilitator or other *Ropes Course* staff member before leaving the area. I hereby grant my permission for *Sandy River Outdoor Adventure LLC* to use any photograph, film, videotape or sound recording of me for any legitimate business purposes.

I agree that all disputes arising under this contract shall be litigated exclusively in Prince Edward County, Virginia. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

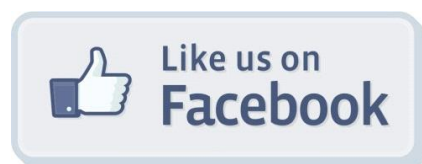
Signature of Participant

Date

Signature of Parent or Guardian (if under 18)

Date

The signature of one parent or guardian binds either parents or guardians in reference to this agreement.



How did you hear about us? _____

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Sandy River Outdoor Adventure LLC - Ropes Course

Medical Registration Form

Ropes Course activities can be strenuous and often offer exercise of a different nature than most participants are used to. Because of this *Ropes Course* does not want you to engage in activities that could be detrimental to your health. Therefore, we are requesting the following information in the event of an emergency. *Ropes Course's* use of this information is for programming purposes for all challenge course programs only and shall comply with all applicable state and federal laws related to the privacy of health information of this type.

Name _____ Date of Birth _____

Address _____

Email Address: _____ Home phone (_____) _____

Emergency Contact _____ Phone (_____) _____

Name of Physician _____ Phone (_____) _____

Please complete the following information: Weight: _____

Do you currently have? Allergies to insects, food, plant or Medication? Anaphylaxis? ____ **Specify** _____

Do you carry Epinephrine _____

____ currently taking any Prescriptions or Meds **Specify:** _____

____ Heart Disease

____ Epilepsy/Seizures

____ Asthma

____ Mental or Neurological Problems

____ Musculoskeletal injuries, breaks, sprains, dislocations

____ Diabetes

____ Are you pregnant

Do you carry Medical Insurance? Yes _____ No _____

I understand and acknowledge that *Ropes Course* does NOT make a determination of me or my minor child's fitness for an outing; rather I represent to *Ropes Course* and verify that I or my minor child am physically fit and ready for an outing by placing my initials here. **Please initial here** _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others. I represent and warrant that I have provided all material and important information to *Ropes Course* pertaining to me or my minor child's medical, mental and physical condition in view of my or my child's participation. I agree to notify the *Ropes Course* facilitator if there is any change in my or my child's mental, physical or medical condition prior to my scheduled activity. **Please initial here** _____

Helmet Option – I understand that helmets are available, but not required. Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with me or my minor child's participation while at the *Ropes Course*.

Signature: _____

Special Notes: