

Please use 1 Form for all Relatives

Date: _____ Session Time: _____

Notice of Risk

I am aware that participation in the zip line adventure, including, but not limited to lift ride, hiking, climbing and swinging with the use of cables, harnesses and ropes is a hazardous activity and participation in such hazardous activity can result in serious injury or death. *We, Bryce Resort, reserve the right to refuse service to any customer whose physical condition does not meet these standards.*

Medical Concerns:

Participants must be reasonably fit. They should be able to pull themselves along a stretch of cable if they should lose momentum before reaching a landing platform (guides may assist with this process). The zip line tour is designed for use by participants of at least average mobility and strength who are in reasonably good health. High blood pressure, cardiac artery disease, pulmonary problems, psychological and psychiatric problems, may increase the risk drastically to the person and others. There are risks that cannot be eliminated without changing the essential nature and educational and other values of the activities. Small scrapes, bruises and insect bites as well as the emotional risks range from simple hurt feelings to panic (fear of heights, for example).

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all of the risks involved, I hereby agree to expressly and voluntarily accept and assume all risks involved in the zip line activity.

RELEASE OF LIABILITY

I ACKNOWLEDGE AND VOLUNTARILY ASSUME THE RISKS OF ILLNESS, INJURY AND DEATH ASSOCIATED WITH THESE ACTIVITIES, IHERENT AND OTHERWISE, AND WHETHER OR NOT DESCRIBED ABOVE, INCLUDING THOSE WHICH MAY RESULT FROM THE NEGLIGENT OR OTHER ACTS OR OMMISIONS OF OTHER PARTICIPANTS OR BRYCE RESORT.

I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS BRYCE RESORT FROM, AND AGREE NOT TO SUE THEM FOR, ANY AND ALL LIABILITY FOR CLAIMS THAT MAY ARISE OUT OF OR RELATE IN ANY WAY TO MY ENROLLMENT OR PARTICIPATION IN BRYCE RESORT’S ACTIVITIES OR MY PRESCENCE ON ITS PROPERTY. THE CLAIM HEREBY RELEASED AND INDEMNIFIED INCLUDES CLAIMS OF NEGLIGENCE OR ANY OTHER IMPROPER CONDUCT OF BRYCE RESORT.

I, the undersigned, have read and understand the above release agreement.

Adult Signature: _____

(The signature of one parent or guardian binds both parents and guardians in reference to this agreement)

Name: _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Please **PRINT** your e-mail address: _____

Participating family members: 1. First Name: _____ 2. First Name: _____

3. First Name: _____ 4. First Name: _____ 5. First Name: _____

Pictures: # _____ # _____ # _____ # _____ # _____ # _____ # _____

_____ # _____ # _____ # _____ # _____ # _____ # _____