ACTION ZIPLINE TOURS

PARTICIPANT AGREEMENT. RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Action Zipline, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AZ"), I hereby agree to release, indemnify, and discharge AZ, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in zipline, rock climbing and pinzgauer tour activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the possibility of rough terrain; slips and falls; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lace; ations, fractures, concussions, or even more severe life threatening hazards; the use of ropes, harnesses, and other equipment; the forces of nature, including lightning and rapid weather changes; the risk of falling from significant heights, standing or walking near slopes and steep cliffs; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; it is possible that riders could be injured if they come into contact with other passengers or equipment; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; major injuries are a risk as are bruises and sprains; further, passengers can be thrown off the vehicles which can result in any of the above occurring; collisions, and flipping over; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to the elements which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; accidents or illness can occur in remote places without medical facilities; the machine itself may fail; my own physical condition, and the physical exertion associated with the activity.

Furthermore, AZ employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AZ from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activity or my use of AZ's equipment or facilities, **including any such claims which allege negligent acts or omissions of AZ**.
- 4. Should AZ 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.
- 5. 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 injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against AZ, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

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 AZ on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant:		_ Print Name:		
Address:	City:		State:	Zip Code:
Phone:		Date:		
200 300 3000 2000 3000 3000	OR GUARDIAN'S AD be completed for parti			
n consideration of		(p	orint minor's name) ("	Minor") being permitted by AZ to
participate in its activities and to use its equorought by, or on behalf of Minor, and whice	-			from any and all claims which are
Parent or Guardian:	Print N	lame [.]		Date [.]