

# Adventure Park Visitor Release Agreement

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue Adventure Park, its owners, employees, and agents.

## Visitor Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 1. Assumption of Risk

I acknowledge that participating in adventure park activities, including but not limited to zip-lining, high ropes courses, climbing walls, and obstacle courses, involves inherent risks. These risks include, but are not limited to, physical injury, illness, permanent disability, and death. I voluntarily assume all such risks, both known and unknown, associated with my participation.

## 2. Release and Waiver of Liability

I hereby release, waive, and forever discharge Adventure Park, its directors, officers, employees, volunteers, and land owners from any and all liability, claims, demands, or causes of action arising out of any loss, damage, or injury, including death, that may be sustained by me or my property while participating in any activities on the premises.

## 3. Medical Authorization

I hereby authorize Adventure Park staff to obtain medical treatment for me in the event of an emergency. I agree to be solely responsible for any costs and expenses incurred for such medical treatment and transportation.

## Emergency Contact Information

Emergency Contact Name:

Relationship to Visitor:

Emergency Phone Number:

## 4. Acknowledgment of Understanding

By providing my signature below, I certify that I have read this Visitor Release Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue.

## Signature and Date

Visitor Signature (or Parent/Guardian if under 18):

Parent/Guardian Name (if applicable):

Date Signed (MM/DD/YYYY):