

Adventure Sports Inc.
Stone Age Rock Gym

**Acknowledgment of Risks
Assumption of Risk and Responsibility
and Release of Liability**

In consideration of being allowed to participate in any way in the Adventure Sports Inc. d.b.a.: Stone Age Rock Gym program, it's related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1) The risks of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death or other injury, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using the equipment, I/we participate willingly and voluntarily, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, equipment failure or forces of nature, and assume full responsibility for my participation and for any minor children for which I am responsible, and any expense as a result of my negligence or the negligence of others; and,
- 3) I/we willingly agree to comply with the stated customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
- 4) I recognize that you, as the provider of the services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such action for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to the activities objectives; and,
- 5) I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I/we either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf; and,
- 6) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Adventure Sports Inc. d.b.a.: Stone Age Rock Gym, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS FORM I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participants Name (printed) X _____ D.O.B. ____ / ____ / ____ Age: _____

Signature X _____ Date ____ / ____ / ____

Address: _____ Town: _____ State: _____ Zip: _____

E-mail: _____

In an Emergency notify: _____ Phone+Area Code: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDERAGE 18 AT TIME OF REGISTRATION)**

This is to certify that, I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN Signature: _____ Date ____ / ____ / ____