

Zipline Adventure Liability Waiver

Please read this agreement carefully before participating in any zipline activities. By signing this waiver, you acknowledge and accept the risks associated with this activity, and agree to the terms outlined below.

Participant Information

Full Name

Address

Phone Number

Email

Acknowledgement of Risk

I understand and acknowledge that ziplining is an inherently risky activity which may result in physical injury, disability, or death. I voluntarily assume all risks associated with this activity, whether known or unknown.

Release of Liability

In consideration of being permitted to participate in zipline activities, I hereby release, discharge, and hold harmless the organizers, owners, employees, and affiliated parties from any and all liability, claims, demands, or causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained while participating in this activity.

Medical Statement

Please list any medical conditions or allergies

Emergency Contact

Full Name

Phone Number

Participant Signature

Date

If the participant is under 18 years of age, a parent or legal guardian must also sign below:

Parent/Guardian Signature

Date