



HOCKING HILLS CANOPY TOURS

OHIO'S FIRST World-Class Zipline Adventure!

Comprehensive Activity & Visitor Agreement
Including Assumption of Risks and Agreement of Release and Indemnification

This form must be read, understood, and signed by all Participants, adults and minors (persons under the age of 18) and by a parent or guardian (referred to as Parent) for a minor Participant. Parent signs for himself or herself and on the behalf of the minor child. No applicant may participate in any Hocking Hills Canopy Tours activity unless these signatures are provided. The parties to this agreement are Zippers, LLC, doing business as Hocking Hills Canopy Tours of Rockbridge, Ohio (Provider) and the persons signing below (Participant).

Description of Activities: All activities at Hocking Hills Canopy Tours provide opportunities for adventure recreation and environmental education. The activities include varying combinations of zip lines, sky bridges, obstacles, elevated walkways, stairs, hikes on uneven, inclining and declining terrain, transportation, and all other related activities that might take place. Zip lines are high cable traverses using safety harnesses and associated hardware. Riders zip through the air and are challenged with the difficulties of stepping off a high platform or tower, confronting a fear of heights, and the risks of accepting these and other new challenges. Sky bridges are walkways consisting of planking supported by steel cables and cable handrails. Obstacles may include an incline bridge, crawl through tunnel, log bridge, rappel, or other similar obstacles. The longest hike is approximately 500 feet at an incline of about 10%. Participants wear safety harnesses clipped into overhead steel cables with attached safety lanyards on all belayed elements. Canopy Tour groups will generally be limited to 8 or 9 participants accompanied by two guides. All equipment will be fitted and checked by the staff and the staff will closely monitor progress throughout the activities. All required equipment transfers will be performed by staff. Participants must be reasonably fit, must be able to demonstrate the required skills, and be able to understand all instructions prior to participating in any activity. Canopy Tour participants must be able to control the speed of their travel along the zip lines by applying friction to the cable with leather gloves. They may also be required upon occasion to pull them along a stretch of cable if they lose momentum before reaching any given landing platform (guides may assist with this process). The Dual Zip Line utilizes a mechanical braking system which may include a jarring impact as the participant is stopped.

Medical Concerns: All activities are designed for use by participants of average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, pregnancy, arthritis, tendonitis, prior head, neck, or back injuries or other joint and muscular-skeletal problems may impair the safety and well being of participants during the activities; as may other medical, physical, psychological and psychiatric problems. All such conditions may increase the inherent risks of the experience and cause the Participant to be a danger to themselves or others. Participants with underlying medical problems that put them at greater risk of injury or illness during an activity must carefully consider those risks before choosing to participate, and they must fully inform tour staff, in writing, prior to the beginning of the tour. Provider reserves the right to exclude any applicant from participation, for medical, safety, or other reasons.

Inherent and Other Risks: Serious injuries are uncommon in these types of activities, but the risk of injury or death certainly exists, by reason of falls, contact with other participants and fixed objects, moving about or being transported on the grounds on which the activities are initiated and conducted. A number of risks are inherent to the activities. These are risks that cannot be eliminated without changing the essential nature and educational and other values of the experience. The emotional risks range from unwelcome or inadvertent touching, simple hurt feelings to panic and psychological trauma (such as fear of heights). The physical risks range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage, head, neck, or back injuries, and in extraordinary cases, even death. The property on which the tour is located includes hilly, rocky, and wooded terrain, cliffs, ravines, caves, creek beds, and a river with potential harmful plants and animals which may bite or sting. Injuries may be a natural consequence of the activity undertaken, as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or other negligence of the staff or participants, or otherwise: and may occur in spite of the reasonable efforts of the staff to prevent them. In all cases, these inherent risks, and other risks which may not be inherent, whether or not described above must be accepted by those who choose to participate.

In consideration of the activity(ies) which I and my family have contracted for with Provider, I (we) the undersigned Participant(s) and the Parent or Guardian of a minor Participant (for himself or herself and on the behalf of the minor participant), agree as follows:

INITIAL EACH ITEM BELOW

_____1_____ 1. I understand the nature of the activities that I will engage in as described above. I understand there are risks of injury and death associated with these activities. I acknowledge and voluntarily assume the risks of illness, injury, and death associated with these activities, inherent and otherwise, and whether or not described above, including those which may result from the negligent acts or omissions of other participants or staff.

_____1_____ 2. I hereby release, indemnify, and hold harmless Provider, its owners, agents, and employees, and the owner or owners of the property on which the tour is conducted (the Released Parties) from, and agree not to sue them for, any liability for causes of action, claims and demands of any kind and nature whatsoever that may arise out of or relate in any way to my or my minor child's enrollment or participation in Provider's programs. The claims hereby released and indemnified include, among others, claims of other participants and of members of Participant's family or associates and claims of negligence of a released party, but not the claims of gross negligence or willful injury.

_____1_____ 3. I accept responsibility for any expenses that may be incurred for any illness or injury that may result from my, or my minor child's enrollment or participation in Provider's programs, including the costs of evacuation, hospitalization, and medical treatment and any sums payable to anyone by reason of any injury or loss of life that I may sustain through my participation in Provider's programs.

_____1_____ 4. I am the parent or guardian of the minor child(ren) who appear on this release form. I have discussed the terms of the above Agreement with my child and am assured by my child that he or she understands the agreement and has freely accepted its terms. I give my child permission to participate in the activities described in this document. My signature below reflects my agreement to fully release the Released Parties, as provided above, from any claim which I may have, and, to the fullest extent allowed by law, to release such persons on behalf of my child(ren), for any claim the child(ren) may have.

_____1_____ 5. I am physically able to safely complete these activities. My participation in this activity(ies) is purely voluntary, no one is forcing me to participate, and I have elected to participate in spite of the risks. I am not pregnant. I am not currently under the influence of alcohol, illegal drugs, or impairing legal drugs.

I understand that Provider may refuse participation in its activities to any person that its owners, agents, or employees deem a hazard to themselves or to others. Provider may alter its published or announced requirements for participation in its activities and for use of its property at any time and for any reasons that it may deem appropriate.

I assign all rights, title, and interest in any and all photographs, motion pictures, recording or other records of the activities I may take or capture to Provider. Provider grants to me a limited, non-exclusive, perpetual right and license to use, for non-commercial purposes only, any and all photographs, motion pictures, recording, or other records of the activities I may take or capture. Provider reserves the right to use voice, video, photographic or other images of Participant for future marketing, educational, or other purpose, and Participant (and Parent) hereby consent to such use, without compensation.

I agree that should any part of this Agreement be judged invalid by a court with proper jurisdiction; that all other parts not so judged shall nevertheless remain valid and in effect. I agree that if any of the information I provided herein is false, I will indemnify the Provider for any loss incurred based upon the information. I agree the laws of the State of Ohio shall govern this agreement and that the courts with jurisdiction in Hocking County shall have jurisdiction in any dispute that may arise between Participant and Provider.

I have read, fully understand, and hereby agree to the terms of this agreement, voluntarily and with knowledge of the activities and their risks. I acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representatives, and estates, and will remain in full force and effect until cancelled in writing

PLEASE PRINT. Leave no lines blank. List each Participant's information individually and sign.

ADULTS Name: _____ Age: _____ Height: _____ Weight: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Medical Conditions(*please write "N/A" if none exist*): _____
Signature: _____ Date: _____

Name: _____ Age: _____ Height: _____ Weight: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Medical Conditions(*please write "N/A" if none exist*): _____
Signature: _____ Date: _____

MINORS Minors Name: _____ Age: _____ Height: _____ Weight: _____
Medical Conditions(*please write "N/A" if none exist*): _____
Parent or Guardian Signature: _____ Date: _____
Relationship: _____ Attached copy of driver's license if not present: _____

Minors Name: _____ Age: _____ Height: _____ Weight: _____
Medical Conditions(*please write "N/A" if none exist*): _____
Parent or Guardian Signature: _____ Date: _____
Relationship: _____ Attached copy of driver's license if not present: _____

Please check if you do not want to be added to our e-mail list: _____