ZipQuest - Waterfall and Treetop Adventure 533 Carvers Falls Road, Fayetteville, NC 28311 - (910) 488-8787

Participant Agreement Including Assumption of Risks and Agreements of Release and Indemnification

This form must be read, understood, and signed by all Participants, adults and minors (persons under 18 years of age) AND by a parent or guardian (each referred to as "Parent") of a minor Participant. Parent signs for himself or herself and on behalf of the minor child. No applicant may participate in any program, activity or tour provided by ZipQuest unless these signatures are provided.

Description of Activities

The ZipQuest - Waterfall and Treetop Adventure provides opportunities for environmental education and adventure recreation. The following activities and elements may be included in the activities available at ZipQuest:

- 1. **Zip Lines.** High cable traverses using safety harnesses and associated hardware. Riders zip through the upper forest canopy and are challenged to grapple with such issues as the difficulty of taking first steps, confronting a fear of heights, and the risks of accepting new challenges.
- 2. *Aerial Bridges.* Walkways high up in the forest canopy consisting of planking supported by dual steel cables and cable handrails. Participants wear safety harnesses attached to safety lanyards clipped in to overhead steel cables.
- 3. *Aerial Staircases*. Stairways mounted on trees or tree platforms that allow participants to ascend higher into the canopy from one zip line or aerial bridge segment to another. Participants avail themselves of stair railings to ascend the steps and rely upon back-up belay devices to prevent accidental falls back to ground.
- 4. *Other Activities.* Participants may engage in other activities while at ZipQuest that will require physical exertion, risk to self and other hazards that are inherent to the activities. Other activities may include, but are not limited to, walking on and off trails, team building exercises, rappelling, giant swings, swimming, challenge course elements, climbing walls, power fans, horse shoes, etc.

Participants must be reasonably fit and able to control the speed of their travel along the zip lines by grasping the cables with leather gloves. They may also be required upon occasion to pull themselves along a stretch of cable if they should lose momentum before reaching any given landing platform (guides may assist with this process).

Medical Concerns

The canopy tour is 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, arthritis, tendonitis, and other joint and muscular-skeletal problems may all impair the safety and well being of participants on the course. Certain psychological and psychiatric problems may also increase the inherent risks of the experience and cause the Participant to be a danger to themself or others. Participants with underlying medical problems that put them at greater risk of injury or illness during a canopy tour must carefully consider those risks before choosing to participate, and they must fully inform tour staff prior to the beginning of the tour or at any point during the tour when it becomes clear to them that such information should be provided. ZipQuest reserves the right to exclude any applicant from participation, for medical, safety, or other reasons.

Inherent and Other Risks

Serious injuries are uncommon in canopy tours and other activities, but the risk of injury certainly exists, by reason of falls, contact with other participants and fixed objects, moving about the grounds on which the activities are initiated and conducted, and otherwise. 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 activities. The emotional risks range from hurt feelings to panic and psychological trauma (fear of heights, for example). The physical risks range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage, and, in extraordinary cases, even death. The property on which the tour is located includes rocky and wooded terrain, cliffs, ravines, creek beds, and waterfalls, potentially harmful plants and animals, including snakes and other creatures which may bite or sting. Injuries may be a natural consequence of the activity undertaken, a consequence of structural design or failure, as a result of environmental hazards (including terrain and weather), a result of errors of judgment or other negligence of staff or participants, or otherwise; and may occur in spite of the reasonable efforts of staff to prevent them. In all such cases, these inherent risks, and other risks which may not be inherent, must be accepted by those who choose to participate.

The parties to this agreement are Zip Terra, LLC, doing business as ZipQuest and Carver's Falls, LLC, ("Provider") and the persons signing below, including the participant in the activities of ZipQuest ("Participant").

Participant Information:	ZipQuest Use Only – Reservation #:
Name of guest that made the reservation	Scheduled Tour Date
First & Last Name	Gender: Male/Female Birthdate
Address	
City State Zi	p Mobile #
E-mail Address	Other #
Please list any current or past MEDICAL CONDITIONS that may affect the safety or well-being of Participant or others:	
In consideration of the activity or tour which I and my group have contracted for with Provider, I the undersigned Participant, and the Parent of a minor Participant, agree as follows: 1. I understand the nature of the activities that I will be engaging in as described above. 2. I have fully informed Provider in writing of any medical conditions that might put me at risk for injury or illness as a consequence of my participation in Provider's programs. 3. I understand that there are risks of injury and death associated with these activities. 4. I understand that certain of these risks, including those described above, are inherent in the activities and cannot be entirely reduced or eliminated from the activities. 5. 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. 6. I understand that Provider may refuse an activity to persons Provider or their agents deem a hazard to themselves or others. Provider may alter its announced qualifications for participation under circumstances deemed appropriate by Provider. 7. I accept responsibility for any expenses that may be incurred for any illness or injury that may result from my participation in Provider's programs, including the costs of evacuation, hospitalization, and medical treatment. 8. I hereby release, indemnify and hold harmless Provider, its owners, agents and employees, and the owner or owners of the property on which the activity or tour is conducted (the "Released Parties"), from, and agree not to sue them for, any liability for claims that may arise out of or relate in any way to my enrollment or participation in Provider's programs, tours or activities. The claims hereby released and indemnified include claims of negligence of a released party, but not claims of gross negligence or willful injury. 9. For myself, my family, heirs,	
Signature Age	Today's Date
Agreement by Parent or Guardian of a Minor Child I am the parent or guardian of the minor child whose signature appears above. 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 adventure challenge programs, tours or activities to be provided by ZipQuest. 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 the child, for any claim the child may have. I further agree to indemnify the Released Parties, to the maximum extent allowed by law, for any claims of the child, or of any member of my or the child's family, arising from the child's enrollment or participation of the activities of the Provider. These agreements of release and indemnity include claims of negligence, but not gross negligence or intentionally wrong conduct.	

_Print Name_____

Signature _____

Date_