RELEASE, EXPRESS ASSUMPTION OF RISKS, CONSENT, WAIVER, & INDEMNITY AGREEMENT

READ CAREFULLY THESE IMPORTANT CONDITIONS FOR PARTICIPATION THAT AFFECT YOUR RIGHTS & OUR LIABILITY

(Initial and sign below to confirm your agreement)

In consideration for the opportunity to participate in the adventur harnesses, pulleys, and elevated walkways and platforms, including also Canyons Zip Line and Canopy Tours, I, the undersigned participant, hereI understand that, although uncommon, risks of serious emotions always exist, and cannot be eliminated, in adventure recreational activities persons, or the environment, or to moving and motion from being transperent or psychological injury or distress, resulting from personal tout the personation for participation or wall as a reason of emotions from personal tout.	o the Super Zip, provice by acknowledge and al or physical injuries, es such as these, due orted in the activities; ching, whether neces	ded by The Canyons Inc. I agree: illness, damage, loss, or to falls, to contact with o and that there can be risl sary, unwelcome, or inad	d/b/a The death bjects, other ks of vertent, in
the preparation for participation, as well as a range of emotions from simfear of heights). I expressly hereby assume the risk of such injury, illness, damage participation in the activities, whether resulting from the negligence of an part of The Canyons, Inc., its respective employees, officers, directors, so (Released Parties) themselves, whether passive or active. I represent and agree that I am in reasonably good health and pieces and appropriately dressed, am not pregnant, have no existing injury have no heart condition or condition of hemophilia, do not have epilepsy of alcohol, or any drug, prescription or illegal, or any other substance, the in the adventure recreational activities provided by The Canyons, Inc. I hereby waive and release, discharge, and covenant not to sue,	ge, loss, or death, than y party, including mystockholders, agents, hysical condition, wei juries or limitations, hor other seizure disoat would affect or imp	t may occur as a result of self, and also even neglig successors-in-interest, ar gh not less than 70 lbs no ave no musculoskeletal drders, and am not under thair my judgment, in order	my ence on the nd assigns or more than isorders, he influence to participate
them, whether for any injury, illness, damage, loss, or death, to myself, rBy signing this Release, Express Assumption of Risks, Consent that I understand the conditions stated in it, and that my participation in t	my family, my heirs, o , Waiver, & Indemnity	r my assigns and represe Agreement, I hereby ack	ntatives. nowledge
conditions and my agreement to them. I further agree to save, defend, indemnify, and hold harmless (i.e. including appellate proceedings) Released Parties from any claim or law family, my estate, my heirs, or my assigns, for damage, injury, illness, los participate in the recreational activities provided. I intend that this Agreement be enforceable to the fullest extent provided in this Agreement or any word, phrase, clause, sentence (including restrictions), part, or provision should be found to be illegal, void, or une sentence, part, or provision shall be modified or deleted in such manner rights, duties, and protections under this Agreement, as so modified, so sentences, parts, and provisions shall not be affected thereby and shall and independent from such illegal, void, or unenforceable provisions, and deemed not to be a part of this Agreement and all other valid provisions interpreted and enforced, as if such illegal, void, or unenforceable provisions. This Agreement shall be interpreted and enforced according to to notwithstanding the choice-of-law rules or conflicts of laws principles of the and any claim or action relating to, or arising out of, this Agreement, or the only in a court located in, or comprising, Marion County, Florida; and only which is a prerequisite condition to bringing suit. I agree to follow and comply with all conditions, rules, and direct reasonable basis to be excluded from participation in the recreational accBy signing and completing the information set out below in this Aunderstand this Agreement, and am of lawful age and legally competent voluntarily.	e., defend and pay, in vouit by me, or by any ss, or death, arising deprovided by law, and it without limitation any inforceable for any real as otherwise required that the validity of the be deemed, interpreted said illegal or invaling shall survive and consions were never a pathe laws of the State of this State, or of any of the recreational activity after participation in its ions by Released Partivities provided. Agreement, I acknowled to agree to and sign in the state of the	cluding costs and attorne one purporting to act on relirectly or indirectly out of an the event that any of the geographic, temporal or ason, such word, phrase, d, in to extend the fullest ear remaining words, phrase ed, and enforced, as being d part, term or provision stinue to bind the parties, art of this Agreement. In the state, territory, provinces to which it applies, may a presuit mediation conferties, and that failure to defedge that I have read and the Agreement knowingly	ys fees, ny behalf, my my choice to e terms set participatory clause, effects, es, clauses, g severable hall be and be ace, or nation; ay be brought erence, o so is
Full name: Weight:	DOB:	Age:	
Address:	City:	State:	
Telephone: Email:			
Date:			

Participant's signature