



DON STRANGE

of Texas, Inc.

The Zip Line on Zinc Hill and/or Adventure Course At The Don Strange Ranch

WAIVER AND RELEASE OF LIABILITY

(IMPORTANT – READ AND FILL OUT BEFORE SIGNING)

General Information

NAME: _____ M/F: _____ AGE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
PHONE #: _____ EMAIL: _____

In Case of Emergency Notify:

CONTACT NAME: _____ RELATIONSHIP: _____
HOME: _____ CELL: _____ OTHER: _____

Health Profile

Generally, Participant's health is: (check one) Excellent__ Good__ Fair__ Poor__
If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems or applies to you and explain:

Pregnant__ Asthma__ Sinusitis__ Bronchitis__ Kidney Trouble__ Heart Trouble__

Diabetes__ Dizziness__ Upset Stomach__ Hay Fever__

Explain: _____

List any medicines or substances to which you are Allergic (including
bees/wasps/hornets): _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

Permission for Medical Treatment

I, the undersigned Parent/Guardian and Participant, as applicable, hereby grant my permission for Don Strange of Texas staff, to obtain necessary medical attention in case of sickness or injury to me or my child, as applicable, and hereby give permission for medical personnel to administer medical care to me or my minor child, as applicable, as necessary.

Photograph/Video Acknowledgement and Permission

I, the undersigned Parent/Guardian and Participant, as applicable, hereby acknowledge that as a Participant, I or my child, as applicable, may be photographed or videotaped at the facility or any event activities and these photos/videos may be used in promotional materials. I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

Release and Indemnity

I, the undersigned Parent/Guardian and Participant, as applicable, hereby acknowledge and agree that, in consideration for Participant's ability to participate in the event(s) identified herein, I do for myself (or for and on behalf of my minor child, under 18 years of age, as applicable) release and forever hold harmless the directors, officers, employees, agents, contractors and affiliates of Don Strange of Texas, Inc. from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this facility or event or while on property leased or owned by Don Strange of Texas, Inc. I further assume full personal responsibility for any loss of or damage to property incurred or caused by me or my minor child or by any other cause. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury, sickness and death as well as property damage and expenses of any nature whatsoever incurred or caused by me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the event.

Zip Line and Challenge Course Acknowledgement and Permission (Participation Optional)

I, the undersigned Parent/Guardian and Participant, as applicable, hereby acknowledge that (a) participation in outdoor programs and recreational activities, including challenge course games and the zip line, involves an inherent risk of physical injury, (b) dangers related to such activities include, but are not limited to hypothermia, dehydration, heat exhaustion, heat stroke, broken bones, strains, sprains, cuts, scrapes, bruises, concussions, heart attacks, and death, (c) there are other risks and dangers inherent in such activities, and also in the training for, participation in, and travel to and from such activities, (d) on the zip line and challenge courses, participants, though harnessed, climb and move about at significant heights, (e) if safety equipment and harnesses in the challenge courses and/or zip lines, are not worn at all times, the risk of serious injury increases dramatically, (f) Participant assumes all of the aforesaid risks, (g) it is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations and training, (h) Participant's participation in such activities constitutes an acknowledgement that Participant understands the rules of play and will comply with all rules and regulations, and (i) if Participant observes any unusual or unnecessary hazard during his or her participation, Participant will bring such hazard to the attention of the nearest official as soon as practical.

I HAVE READ THE ABOVE PERMISSIONS, WAIVER, AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Participant's Name: (Please Print) _____

Participant's Signature: _____ Date: _____

Parent/Legal Guardian Name: (Please Print) _____

Parent/Legal Guardian's Signature: _____ Date: _____