

*Lawrence Hidden Valley Committee, Inc.*  
**ZIP LINE PARTICIPANT AGREEMENT AND MEDICAL RELEASE FORM**

Participant & Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
(please print)

**Initial below to indicate that you have read, understood, and agree to the section following your initials.**

*Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.*

*Zip Facilitator Use only: Verified on \_\_\_\_\_ by \_\_\_\_\_*

\_\_\_\_\_ I state that I have completed 3<sup>rd</sup> grade, **weigh between 55-250 lbs & am no taller than 6'2"**. Y \_\_\_\_\_ N \_\_\_\_\_

\_\_\_\_\_ I state that I am not under the influence of any chemical substance including alcohol and that I will not be under the influence of any substance when participating in the LHVC, Inc. Zip Line Program. I realize participating in the zip line activities while under the influence of a substance would endanger others and myself.

\_\_\_\_\_ I give my consent to LHVC, Inc. Zip Line volunteers and to emergency medical personnel to treat me if they deem it to be medically necessary. I authorize the LHVC, Inc. Zip Line volunteers to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and /or surgery that might be necessary due to an illness or injury occurring during my participation.

\_\_\_\_\_ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the LHVC, Inc. Zip Line Program.

**RELEASE OF LIABILITY**

\_\_\_\_\_ I understand that Zip Line activities are, by their nature, physically and emotionally demanding, and that participating in the LHVC, Inc. Zip Line Program may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others.

\_\_\_\_\_ I understand that although LHVC, Inc. Zip Line volunteers will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, falls, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of LHVC, Inc. and their volunteers.

\_\_\_\_\_ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a LHVC, Inc. Zip Line volunteer if I have safety concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

\_\_\_\_\_ I understand that LHVC, Inc. Zip Line volunteers have the right to deny my participation and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s), I realize that it is my responsibility to ask for clarification and/or assistance.

\_\_\_\_\_ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the LHVC, Inc. Zip Line Program and waive, release and discharge LHVC, Inc. and their agents, officers and volunteers from all claims or causes of action arising from my participation. I do hereby release LHVC, Inc. and their agents, officers and volunteers from any and all liability, even if arising from the negligence of the releasees, and agree to indemnify and hold LHVC, Inc. harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the Zip Line program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

\_\_\_\_\_ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

***By signing below, I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please complete the Health History Form on the back if you haven't already done so for current Hidden Valley Day Camp session.)***

\_\_\_\_\_  
PARTICIPANT SIGNATURE (Minors must sign)

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE  
(Required if Participant is 17 Years of Age or Younger)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE