

WILDWATER LTD. ROPES COURSE CHALLENGE - RELEASE OF LIABILITY

Welcome to Wildwater Ltd. and Nantahala Gorge Canopy Tours, Inc. (NGCT). We hope your visit is a safe and enjoyable experience. To allow Wildwater and NGCT to provide programs and services without fear of liability, we ask you to read and acknowledge that there are inherent and unavoidable risks involved in the activities in which you plan to participate. The activity includes all preparation, outfitting, transportation, the activity itself, loading, unloading and incidental use of the Wildwater Ltd. Center. You are solely responsible for your decision to engage and continue to participate in any activity. You are a decision maker and agree to follow rules and guidelines while participating and while at Wildwater Ltd.

In consideration of Wildwater Ltd. and NGCT furnishing services to enable me (or the participating minor) to participate in the activities, I specifically release and forever discharge Wildwater Ltd. and NGCT officers, agents, land owners and employees from any and all liability or claims for any injury, illness, death or damage to property which I (or the participating minor) may suffer while participating in the activities. It is my intent to release Wildwater Ltd. and NGCT (including officers, agents and employees) and hold them harmless from all liability for any such loss or damage, personal injury or loss of life, whether caused by negligence or whether based on breach of contract, breach of warranty or any other legal theory.

I hereby grant Wildwater Ltd. and NGCT the right to use any photographs taken of me (or the participating minor) during my participation in the activities.

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY. I ALSO UNDERSTAND THAT I MAY NOT PARTICIPATE IN THE ACTIVITIES IF I AM UNDER THE INFLUENCE OR ALCOHOL OR DRUGS.

Participant Signature	Printed Name	Date
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Parent or Guardian's Signature (If under 18 years of age)	Printed Name	Date
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Address

Email	Phone
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MEDICAL INFORMATION

We ask for the following information to better respond to an emergency. Your fitness and ability to participate is your decision (with consultation with your doctor if warranted).

Please list medical concerns we should be aware of: _____

Please list Allergies: _____

Are you under a doctors' care? Y / N For what reason? _____

Date of Birth: _____ Height: _____ Weight: _____ Male / Female