

Zipline Canopy Tours of Blue Ridge, LLC  
891 Old Cashes Valley Road Blue Ridge, GA 30513

**WAIVER & RELEASE OF LIABILITY FORM  
PARTICIPANT USER AGREEMENT**

**This waiver is a legal document PLEASE READ CAREFULLY.**

In consideration of Zipline Canopy Tours of Blue Ridge, LLC furnishing services and/or equipment to enable me to participate in activities associated with or enter upon the lands of Zipline Canopy Tours of Blue Ridge, LLC, their agents, owners, associates, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Zipline Canopy Tours"). I hereby voluntarily agree to release, indemnify, discharge, hold harmless, and covenant not to sue Zipline Canopy Tours, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and/or estate for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, intentional acts, or any other act or omission which causes the undersigned illness, injury, death, and damages of any nature in any way connected with my participation in this activity or for being upon the lands of Zipline Canopy Tours. I agree as follows:

I fully understand and acknowledge that: (A) outdoor recreational activities such as zip lines, canopy tours, challenge courses, mountain hiking and exploring have inherent risks, dangers, and hazards and such may exist in my use of Zipline Canopy Tours property and equipment and my participation in the above mentioned activities; (B) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability; exposure to insect and snake bites, exposure to extreme temperatures and inclement weather, slips and falls, encounters with animals such as dogs and bears, collisions with other participants or objects, my physical condition, and injury and illness in remote areas without means of rapid evacuation or adequate medical care; (C) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Zipline Canopy Tours, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. If I choose to participate in Zipline Canopy Tours guided activities, risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, misjudgment of a guide, weather, trail or course conditions, my ability to participate in the activity, risks of falling from high platforms, stands or towers and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and; (D) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Zipline Canopy Tours or by any other person, and that they may arise from foreseeable or unforeseeable causes. In addition, I hereby grant permission to Zipline Canopy Tours to make and use for promotion or other purposes, photographic records without recourse or compensation to me or anyone else otherwise.

I, on behalf of myself, my personal representatives and my heirs or as parent or legal guardian of the undersigned participant hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Zipline Canopy Tours and their owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which arise out of my use of any equipment or my participation in Zipline Canopy Tours activities or on Zipline Canopy Tours property, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Zipline Canopy Tours. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Zipline Canopy Tours or its agents is a party shall be the District Court in Fannin County, Georgia.

**I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE ZIPLINE CANOPY TOURS OF BLUE RIDGE, LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I FULLY RECOGNIZE AND UNDERSTAND THAT IF I (OR ANY MINOR ON WHOSE BEHALF I AM SIGNING THIS RELEASE), AM HURT, DIE, OR MY PROPERTY IS DAMAGED, I AM GIVING UP MY RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ZIPLINE CANOPY TOURS OF BLUE RIDGE, LLC, EVEN IF THEY NEGLIGENCELY OR BY SOME OTHER ACT OR OMISSION CAUSE THE INJURY, DAMAGE OR DEATH. I EXPRESSLY ASSUME ALL RISK. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS.**

**I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in Zipline Canopy Tours activities or on Zipline Canopy Tours property, or else I agree to bear the costs of such injury or damage myself.**

As parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in Zipline Canopy Tours activities, and I sign this release on their behalf. In addition, I give Zipline Canopy Tours permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary for the undersigned participant or minor, the expenses are the sole responsibility of the participant.

Zipline Canopy Tours reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and instructions of Zipline Canopy Tours while upon their lands or participation in their activities. I also certify that I and any minor on whose behalf I am signing, are physically and mentally capable of participating in these activities.

Date of Participation: \_\_\_\_\_

Participants Printed Name: \_\_\_\_\_

Guardian's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_