



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

This form is to be read and signed by all participants in Adventure Sports Center International (ASCI), DC Development, LLC (DCD), and/or Recreation Industries, Inc. (RI) programs. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN ASCI/DCD/RI PROGRAMS. In return for ASCI/DCD/RI allowing you to participate in their programs, and other good and valuable consideration, you agree, and state, on behalf of yourself, your heirs, assigns, executors and others, as follows:

1. That I am familiar with and will obey, any and all of the rules established for the activity.
2. That I understand and appreciate the inherent risks and dangers of participating in ASCI/DCD/RI activities, initiative games, and ropes course activities, (including but not limited to the hazards of climbing or descending trees; walking on logs/wires suspended above the ground; traveling through mountainous and/or back-country terrain; paddling or otherwise traveling through turbulent or calm waters; traveling through cave passages; climbing or descending rock faces; skiing on snow or water; exposure to the forces of weather and/or nature; accidents or illnesses occurring in remote places without medical facilities and travel by air, train, automobile and/or other forms of transportation) which could result in property damage and personal injury, including death; and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation in these activities.
3. That I WILL HOLD HARMLESS AND INDEMNIFY ASCI/DCD/RI and its officials, administrators, employees and all sponsors and individuals assisting in presentation of the program and all owners of the property on which the program is held for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this program.
4. That I understand that most adventure program activities are led by trained and qualified part-time employees, NOT Adventure professionals.
5. That I understand I must be healthy and reasonably fit in order to safely participate in the ASCI/DCD/RI's programs and that I will inform the program leader of any medication, ailment, condition, or injury that may effect performance. Please tell your guide any medicines you are currently taking or health problems (diabetes, heart problems, etc.)
6. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for the publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

I STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTHEHEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Signature: _____ Full Name Printed: _____

Address: _____

Email: _____ Date: _____

For parents/guardians of participant of minor age (under age 18 at the time of registration)

This is to certify that I, _____, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ / _____ / _____
Parent / Guardian Signature Date Emergency Phone Number (s)