

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

SKY TUBING -500 LYMAN STREET ASHEVILLE NC 28806 (828)774-0977

IN CONSIDERATION OF THE SERVICES OF SKY TUBING, THEIR AGENTS, OWNERS, OFFICERS, VOLUNTEERS, PARTICIPANTS, EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ACTING IN ANY CAPACITY ON THEIR BEHALF (HEREINAFTER COLLECTIVELY REFERRED TO AS "SKY TUBING"), I HEREBY AGREE TO THE RELEASE AND DISCHARGE OF SKY TUBING, ON BEHALF OF MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS PERSONAL REPRESENTATIVE AND MYSELF AS FOLLOWS:

1 . I ACKNOWLEDGE THAT TUBING ENTAILS KNOWN AND UNANTICIPATED RISKS, WHICH COULD RESULT IN PHYSICAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO MYSELF , TO PROPERTY, OR TO THIRD PARTIES. I UNDERSTAND THAT SUCH RISKS SIMPLY CANNOT BE ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES OF THE ACTIVITY. YOU CAN BE JOLTED, JARREND, BOUNCED, THROWN TO AND FROM AND SHAKEN ABOUT DURING THE RIDE THROUGH SOME AREAS OF THE WATER. TUBES COULD TURN OVER, OR YOU COULD BE SEPARATED FROM THE TUBE. ACCIDENTS COULD OCCUR GETTING IN OR OUT OF TUBE. TUBES ARE SLIPPERY WHEN WET. EXPOSURE TO THE NATURAL ELEMENTS COULD BE UNCOMFORTABLE AND/OR HARMFUL. YOU SHOULD BE AWARE THAT THIS EXPOSURE COULD CAUSE SUNBURN, DEHYDRATION, HEAT EXHAUSTION, HEAT STROKE OR HEAT CRAMPS. ALSO, PROLONGED EXPOSURE TO THE COLD WATER CAN RESULT IN HYPOTHERMIA AND IN EXTREME CASES DEATH FURTHERMORE, SKY TUBING PERSONNEL HAVE JOBS TO PERFORM AND THEY SEEK SAFETY, BUT THEY ARE NOT INFALLIBLE. THEY MIGHT BE IGNORANT OF A PARTICIPANT'S FITNESS OR ABILITIES. THEY MAY MISJUDGE THE WEATHER, ELEMENTS OR TERRAIN. THEY MAY GIVE INADEQUATE WARNING OR INSTRUCTIONS, AND THE EQUIPMENT BEING USED COULD MALFUNCTION

2 . I AGREE AND PROMISE TO ACCEPT AND ASSUME ALL RISK EXISTING IN THIS ACTIVITY. MY PARTICIPATION IN THE ACTIVITY IS COMPLETELY VOLUNTARY AND I ELECT TO PARTICIPATE IN SPITE OF RISK THAT COULD OCCUR

3 . I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS SKY TUBING FROM ANY AND ALL CLAIMS DEMANDS OR CAUSES OF ACTION WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY OR MY USE OF SKY TUBING Equipment OR FACILITIES INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENCE ACTS OR OMISSIONS OF SKY TUBING

I CERTIFY THAT I HAVE ADEQUATELY INSURED TO COVER ANY INJURY OR DAMAGE I MAY CAUSE OR SUFFER WHILE PARTICIPATING OR ELSE I AGREE TO BEAR COST OF SUCH INJURY OR DAMAGE TO MYSELF I FURTHER CERTIFY THAT I HAVE NO MEDICAL OR PHYSICAL CONDITION WHICH COULD INTERFERE WITH MY SAFETY OR THIS ACTIVITY OR ELSE I AM WILLING TO ASSUME AND BEAR THE COST OF ALL RISK THAT MAY BE CREATED DIRECTLY OR INDIRECTLY BY ANY SUCH CONDITION

IN THE EVENT THAT A DISPUTE ARISES WITH SKY TUBING I AGREE TO DO SO WITHIN THE STATE OF NORTH CAROLINA AND I FURTHER AGREE THAT THE SUBSTANTIVE LAW OF THE STATE SHALL APPLY IN THE ACTION WITHOUT REGARD TO THE CONFLICT OF THE LAWS OF THAT STATE

IN CONSIDERATION OF ANY MINORS THAT ARE LISTED ON THIS FORM BEING PERMITTED BY SKY TUBING TO PARTICIPATE AND ITS ACTIVITIES AND TO USE IT EQUIPMENT AND FACILITIES I FURTHER AGREE TO INDEMNIFY AND HOLD SKY TUBING FROM ANY AND ALL CLAIMS

I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS FOUND TO BE VOID OR UNENFORCEABLE THE REMAINING PORTION SHALL REMAIN IN FULL FORCE AND EFFECT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD AND I AGREE TO BE BOUND BY ITS TERMS.

ADULT (AGE 18 and older)to fill this section out:

Print name: _____ **signature:** _____ **age:** _____

Street address: _____ **city :** _____ **state:** _____

Zip code: _____ **phone :** _____ **date:** _____

Minors(printed name, age)