



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

(Please read this release in full before signing)

In consideration of the services of High Rock Adventures, 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 "HRA"), I hereby agree to release, indemnify, and discharge HRA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in rock climbing, nature tours, rappelling, and down rope activities entails known and unanticipated risks that could result in physical or emotional 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.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rock fall, icefall or other objects dislodged or thrown from above; the use and potential or actual failure of climbing ropes and equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; the risks of falling off the rock, mountain or into a crevasse; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; travel in remote areas with poor or no access to emergency and/or medical services; the negligence of other participants or persons who may be present; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, HRA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HRA 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 HRA's equipment or facilities, **including any such claims which allege negligent acts or omissions of HRA.**
4. Should HRA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against HRA, I agree to do so solely in the state of Ohio, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HRA on the basis of any claim from which I have released them herein.

(Initial)

I authorize and release to High Rock the use of my image in any photograph or video recording for _____
any purpose of High Rock. _____

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

ADULTS: Print Name _____ Signature _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Phone: _____ Date: _____

Print Name _____ Signature _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Phone: _____ Date: _____

MINORS:

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor")

_____ (print minor's name) ("Minor")

_____ (print minor's name) ("Minor")

being permitted by HRA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HRA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____

Date: _____