

**Holler Hoppin' Zip Lines at Rawhide Ranch  
Teambuilding at Rawhide Ranch  
Assumption of Risk and Release of Liability**

Reservation Name _____
Zip Time _____
Guest _____ Public _____

**Instructions:** Please read this form carefully. Each participant (or legal guardian) must sign this form or you will not be allowed to participate. If you have questions about this form, please direct them to your instructor before signing. If any information you provide on this form proves to be inaccurate, then no refund will be given.

Please initial next to each paragraph, indicating that you have read and understand each section.

\_\_\_\_\_ I understand that my participation in programs offered by Holler Hoppin' Zip Lines at Rawhide Ranch is based on the "Challenge by Choice" philosophy. I recognize that the activities are designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose for myself my level of participation in any activity.

\_\_\_\_\_ I understand that the activities in the program for which I have enrolled entail physical risks, as well as risks to my personal property. Without trying to name them all, those risks include, but are not limited to: increased heart rate, elevated blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injuries, death, and potentially other serious injuries. I choose to participate in spite of these risks.

\_\_\_\_\_ Therefore, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Ranch Management Associates (d/b/a "Rawhide Ranch"), its members, affiliates, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I be injured during this program, I hereby authorize any medical care that is deemed in my best interest.

\_\_\_\_\_ I furthermore agree to follow the instructor's safety and teaching techniques as described and illustrated during the activities in which I agree to participate. I understand that if I don't follow these techniques that I may be injured, be liable in the event of injury to other participants, and could be responsible for physical or emotional harm to my fellow participants. I also understand that even if I do follow these instructions, it is still possible that I could sustain harm; ranging from minor injuries, up to and including death.

\_\_\_\_\_ I have read, understand and accept the terms and conditions described in this form and acknowledge that this agreement shall be effective and binding upon me (or any child I have authorized to participate) during the entire period of participation in the said program. I am signing this form on my own free will and I am not under duress to sign this form.

\_\_\_\_\_ I grant Rawhide Ranch staff and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

**All information below is required:**

Participant name	Age	( ) Phone number	Date of Activity
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Additional minor participants' Full name & Age	Additional minor participants' Full name & Age
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Additional minor participants' Full name & Age	Additional minor participants' Full name & Age
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Address	Email
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City	State	Zip	Emergency contact	( ) Phone number
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\_\_\_\_\_ **To participate in Holler Hoppin' Zip Lines:** Please initial that all of the people on this form are: 7 years of age or older, weigh 60 - 275 pounds (to be verified by Holler Hoppin' Zip Lines' scale), are not pregnant, will wear helmet and all safety gear provided, and are not withholding any information that limits their physical ability to perform this activity.

Signature of Participant (or Legal Guardian, if under 18)	Date signed
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**For staff purposes only.**