

**PARTICIPANT AGREEMENT
INCLUDING ASSUMPTION OF RISKS AND
AGREEMENT OF RELEASE AND INDEMNIFICATION**

This form must be read, understood, and signed by each Participant and the Participant's parent(s) or legal guardian(s) if the Participant is a minor. No applicant may participate in a Zip Line Tour unless these signatures are provided. The parties to this agreement are Northwoods Zip Line, LLC, doing business as Northwoods Zip Line Tour (Provider) and the person signing below (Participant).

DESCRIPTION OF ZIP LINE TOUR:

The Northwoods Zip Line Tour includes Zip Lines, Adventure Bridges, Stairways, Hiking Trails, and other related activities. Zip Lines are high cable traverses through the forest canopy. Participants wear safety harnesses clipped onto the cable with associated hardware. Adventure Bridges are walkways through the forest canopy consisting of planking supported by cables and cable handrails. Participants wear safety harnesses clipped onto overhead cables with associated hardware. Stairways require Participants to climb multiple sets of stairs. Hiking Trails require Participants to walk on the forest floor.

MEDICAL CONCERNS:

The Zip Line Tour is designed for use by participants of average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, arthritis, tendonitis, or other joint and muscular-skeletal problems may impair the safety and well being of participants on the course; as might other medical, physical, psychological and psychiatric problems. All such conditions may increase the inherent risks of the experience and cause the Participant to be a danger to themselves or others. Participants with underlying medical problems that put them at greater risk of injury or illness during a Zip Line Tour must carefully consider those risks before choosing to participate, and must fully inform the tour staff, in writing, prior to the beginning of the tour. Provider reserves the right to exclude any applicant from participation, for medical, safety, or any other reasons.

INHERENT AND OTHER RISKS:

Serious injuries are uncommon in Zip Line Tours, but the risk of injury or death certainly exists, by reason of falls, contact with other participants and fixed objects, moving about or being transported on the grounds on which the activities are initiated and conducted. A number of risks are inherent to the activities. These are risks that cannot be eliminated without changing the essential nature and educational value of the experience. The emotional risks range from unwelcome or inadvertent touching, simple hurt feelings to panic and psychological trauma (such as fear of heights). The physical risks range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage, and in extraordinary cases, even death. The property on which the zip line tour is located includes hilly, rocky, and wooded terrain, ravines and animals which may bite or sting. Injuries may be a natural consequence of the activities undertaken, as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or other negligence of staff or participants, or otherwise: and may occur in spite of the reasonable efforts of staff to prevent them. In all cases, these inherent risks, and other risks which may not be inherent, whether or not described above must be accepted by those who choose to participate.

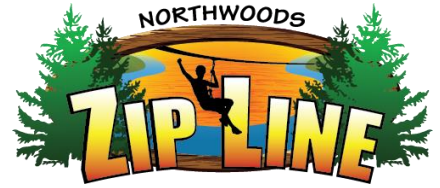
In consideration of the Zip Line Tour which I have contracted for with Provider, I, the undersigned Participant, agree as follows:

INITIAL EACH ITEM confirming you have read, understand and agree to each statement.

____ 1. I understand the nature of the activities that I will engage in as described above. I understand there are risks of injury and death associated with these activities. I acknowledge and voluntarily assume the risks of illness, injury, and death associated with these activities, inherent and otherwise, and whether or not described above, including those which may result from the negligent acts or omissions of other participants or staff.

____ 2. I hereby release, indemnify, and hold harmless Provider, its owners, agents, and employees, and the owner or owners of the property on which the tour is conducted (the Released Parties) from, and agree not to sue them for, any liability for causes of action, claims and demands of any kind and nature whatsoever that may arise out of or relate in any way to my enrollment or participation in Provider's programs. The claims hereby released and indemnified include, among others, claims of other participants and of members of Participant's family and claims of negligence of a released party, but not the claims of gross negligence or willful injury.

____ 3. I accept responsibility for any expenses that may be incurred for any illness or injury that may result from my, or my minor child's enrollment or participation in Provider's zip line tour, including the costs of evacuation, hospitalization, and medical treatment



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and any sums payable to anyone by reason of any injury or loss of life that I may sustain through my participation in Provider's zip line tour.

____ 4. I am physically able to safely complete the Zip Line Tour. My participation in this activity is purely voluntary, no one is forcing me to participate, and I have elected to participate in spite of the risks. I have no history of illness or injury, I am not pregnant, and I am not currently using any substance, medicine, drug or alcohol, which may hinder my ability to participate on any Zip Line Tour.

I understand that Provider may refuse participation in its Zip Line Tour to any person that its owners, agents, or employees deem a hazard to themselves or to others. Provider may alter its published or announced requirements for participation in its Zip Line Tour and for use of its property at any time and for any reasons that it may deem appropriate.

I agree that should any part of this Agreement be judged invalid by a court with proper jurisdiction that all other parts not so judged shall nevertheless remain valid and in effect.

Provider reserves the right to use voice, video or other photographic images of Participant for future marketing, educational, or other purpose, and Participant (and Parent or legal guardian) hereby consent to such use, without compensation.

The laws of the State of Wisconsin shall govern in this agreement and that the courts with jurisdiction in Oneida County shall have jurisdiction in any dispute that may arise between Participant and Provider.

I have read, fully understand, and hereby agree to the terms of this agreement, voluntarily and with knowledge of the activities and their risks. I acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives, and estates.

Participant completes the information and signs.

Participant's Name: _____

Birthdate: _____ Height: _____ Weight: _____ lbs.

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Email: _____

Medical Conditions: _____

(write "none" above if you have no medical conditions to state)

Participant Signature: _____ Date: _____

Parents or Guardians, if Participant is UNDER 18, completes the information and signs.

I, _____ (parent/legal guardian), am the parent or legal guardian of the minor child whose signature appears on this release form. I have discussed the terms of the above Agreement with my child and am assured by my child that he or she understands the agreement and has freely accepted the terms. I agree that the minor child has my consent to participate in the Zip Line Tour. My signature below reflects my agreement to fully release the Released Parties, as provided above, from any claim which I may have, and, to the fullest extent allowed by law, to release such persons on behalf of my child, for any claim the child/children may have. I further provide my consent for the Provider to seek emergency treatment for the minor if necessary and agree to accept financial responsibility for the costs related to this emergency treatment.

Parents or Guardians Signature: _____ Date: _____