Discovery Ridge Adventure Center Facilities Use Agreement and Assumption of Risk

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Name:Last	First	MI	Phone: ()		Birth Date:
Home Address:						
	City		State		Zip	
Emergency Contact:			_ Phone: ()		
E-mail address:				=		
	le Course, Bou					nmer Tubing, Climbing Wall, Bunge ant to participate in some or all of th
 I will alert Wintergreen st I will obey all instructions I will not engage in carele I will not use or be under 	tective equipmon raff immediately sof the area op- ess or reckless or the influence of	ent. I unde of any da erator. behavior. of alcohol	rstand that sud ngerous condi or drugs while	ch equipi tions tha engagin	ment is notice.	o guarantee against injury or death. activity. If I appear to be intoxicated overy Ridge Adventure Center.
understand that there are features and equipment us	inherent risks sed for these a I am aware of t	involved in ctivities. I hese risks	n participating understand th . I voluntarily a	in these at partici assume t	activities pating in hese risk	y Ridge activities is purely voluntary. s, including risks relating to the terra Discovery Ridge activities could resu s for myself, and any minor children foreyry Ridge activities.
						fy that I am in good health and do n ticipate in Discovery Ridge activities.
Participating in Discovery I understand that misuse of						uipment is to be used only as instructe
I understand that I can retu that my Discovery Ridge p	•	, ,) if I do no	ot accept these conditions. I understar
defend Wintergreen Reso court costs that may result Discovery Ridge) by myse Wintergreen is negligent.	rt, its officers, of t from any clain If or by the min I agree that a b) shall be litiga	directors, ens or cause or participany disput	employees and ses of action a ant for whom I e arising unde	d agents arising fro authoriz er this A	from anyom the used to par greement	agree to indemnify, hold harmless ar y liabilities, losses, attorneys' fees ar se of Wintergreen's facilities (includir ticipate. I do so regardless of wheth t or the use of Wintergreen's facilitie Virginia or in the U.S. District Court f
			INDERSTAND REE TO ITS 1			
Participants Signature			te			
	I agree to be bou	ind by the te	erms and condit	ons of thi	s agreeme	e authority to enter into this agreement or ent. I authorize the medical treatment essary.
Signature of Parent/Guardian (If Participant is under age 18		nt Name			Date	