

HORIZON UNITED METHODIST CENTER

Voluntary Release Form For the Challenge Course

By signing this release form, I agree to release and hold harmless Horizon United Methodist Center, its agents, employees, facilitators, and co-sponsors including, but not limited to: Adventure Experiences, Inc. and its employees or agents for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in the "Challenge Course Experience" held at Horizon United Methodist Center, Arkansas City, Kansas on

(date of event)

If I do voluntarily choose to participate in the Challenge Course, I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities.

I assume full responsibility for myself for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including, but not limited to those caused by the Challenge Course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in the Challenge Course, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below, I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Signature

Date

Print Name

Signature of parent or guardian (if under 18)

Print Name

Address of participant

Telephone

Witness

Date