

ADIRONDACK EXTREME ADVENTURE COURSE LLC. ACKNOWLEDGMENT AND WAIVER OF RISK

I hereby acknowledge that I understand the risk of injuries and physical demands which are associated with my participation in the Adirondack Extreme Adventure Course, LLC. I understand that this is an elevated course with many challenges which are also called "games". I understand that I will be in a safety harness which I am required to wear for the entire course and I will have two safety lines which I will be required to fasten and unfasten to the main safety lines as I make my way along the course. I agree that at all times I will keep at least one safety line attached to the main safety line.

I understand that I need physical strength and stamina to participate in the Adirondack Extreme Adventure Course LLC. I understand that if I lack the strength to participate in the course I am putting myself at risk for injury. I agree that I will call for help if I am in need of assistance. I agree that if it is determined by a staff member that I am unfit to continue participation in the course because I lack the physical strength to complete the course because I am not following instructions or for any other valid reason I will be asked to leave the course. I understand that I will not be entitled to a refund of fees paid.

I understand that the safety lines which will be attached to my harness are approximately 28 inches long and that if I were to lose my footing along the course I could fall the length of the safety line. I understand that if I fall and am unable to easily get back on the course I will call for help and wait for a staff member to assist me in my descent from the course.

I understand that I could sustain a physical injury as a result of my participation in the Adirondack Extreme

Adventure Course, LLC. I will be in a natural setting where I could fall, suffer heatstroke, be struck by a tree, or be injured as a result of coming in contact with elements of the course. Understanding these risks I choose to participate in the Adirondack Extreme Adventure Course, LLC.

I acknowledge that Adirondack Extreme Adventure Course, LLC is not responsible for any personal items, left in the care of staff or not, which are lost, stolen, or damaged.

I agree to cover the cost repair or replacement if I damage or lose any of the loaned equipment.

I agree that Adirondack Extreme Adventure Course, LLC, and TreeGo Canada and its licensees are allowed to use any video images or photographs in which I appear for advertising.

I have read and understood all the terms and conditions stated in this form and voluntarily agree to take part in activities. Participants under 18 must have the signature of an adult.

I will follow these rules:

1. I will only participate if I am physically fit and am not under the influence of alcohol or medication.
2. I will participate in the demonstration course.
3. I will follow the instructions of the staff.
4. I will keep at least one of my safety lines attached to the main safety line at all times.
5. If I fall during the course I will call for help and wait for a staff member to assist me.
6. I will not walk under the course. I will stay on the marked trails when I am on the ground.
7. I will wear appropriate footwear, not sandals.
8. Participants under 16 must stay with their adult companion at all times. They can not complete the course if their adult companion stops the course.
9. Long hair must be tied back.
10. No clothing may be tied around the waist or otherwise be too loose that it could become caught on the equipment.
11. All supplied equipment will be returned immediately after its use. Other customers are waiting to use it.
12. Helmets are not required and will only be provided upon request. inquire with our staff if a helmet is preferred.
13. All participants should make a stop at the restrooms before going through the course.

I have read the Release Agreement above, and I agree to be bound by its terms.

Dated this _____ day of _____, 20_____
(Day) (Month) (Year)

Print Participant Name	Participant Signature	Print Participant Name	Participant Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Underage Participant – I confirm that I am the full age of nineteen years and that I am the legal parent or guardian of the participant noted above, have read and understood this Release Agreement prior to signing it and agree that this Release shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns. The Participant and I willingly accept all the risks of the Participant’s Activities including without limitation the risks described above and the possibility of personal injury, death, property damage or loss resulting therefrom.

Signature of Parent or Guardian

Print Parent Name or Guardian

ADIRONDACK EXTREME ADVENTURE L.L.C. REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____
 Number Street Town State

Zip Code _____ Tel.: () _____ - _____

E-mail: _____

Person to contact in case of emergency: _____

Relationship: _____ Telephone: _____

HEALTH APPRAISAL

Please identify any members of your group who have the following:

Vertigo _____ Physical Limitations _____

Allergies _____ Other _____

Heart Condition _____ Other _____

*Treetop activities are not recommended for pregnant women

COVID-19

1. Have you OR anyone in your group been in contact with anyone who tested positive for COVID within the last 14 days?

Yes _____ No _____

2. Have you OR anyone in your group experienced any of these symptoms within the last 14 days? Check all that apply to anyone in your group.

- Fever
- Cough
- Shortness of Breath
- Headache
- Rash
- Body Aches
- Chills
- Nausea, Diarrhea