

SAMBICA

WAIVER AND RELEASE FROM LIABILITY

To be completed by participant (if under 18, must be completed by a legal parent/guardian)

1. The undersigned Participant is voluntarily willing to take part in SAMBICA Guest Services programs and all its associated activities, unless stated otherwise in writing to SAMBICA. This may include, but is not limited to, the Low Ropes Course and all of its elements, Archery Tag, Swimming, Archery, Kayaks and Canoes, or Stand Up Paddle Boards (hereafter referred to as the SAMBICA Program).

2. The Participant agrees to abide by the rules and regulations governing the SAMBICA Program, and to obey any instructions given by the person or persons having supervision and control over the Program.

3. The Participant understands that he/she must report any existing medical, physical, or mental condition the activity commences.

4. The Participant releases the corporation of SAMBICA and its directors, officers, employees, agents and volunteers from and against any and all claims for personal injury, property damage and any other losses and damages that the Participant may suffer as a result of his/her participation and/or enrollment in SAMBICA Program.

5. The Participant will defend, indemnify and hold SAMBICA, its directors, officers, employees, agents, and volunteers harmless from any and all third party claims, injuries, damages, losses or suits, including all legal costs and attorney fees, arising out of or in connection with his/her participation in the SAMBICA Program, unless caused by SAMBICA's sole negligence. In any claim or lawsuit for damages arising from the Participant's participation in the SAMBICA Program, each party shall pay all its legal costs and attorney's fees incurred in defending or bringing that claim or lawsuit, including all appeals.

I HAVE READ THIS WAIVER AND RELEASE FROM LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT.

Participant Printed Name: _____

Participant Signature: _____ Date: _____

Legal Parent/Guardian Signature, if under 18: _____ Date: _____

Required Participant Information: Date of Birth: _____ Male / Female (circle one)

Parent/Guardian(s) Name, if under 18: _____

Home Phone: _____ Cell phone: _____

If over 18 or in the case Parent/Guardian(s) are not available in an emergency situation, please indicate an additional person to be notified:

Full Name: _____ Relationship to Participant: _____

Home phone: _____ Cell phone: _____

Does the participant have any medical conditions (including recent surgery, pregnancy, healing fractures, back or neck injuries, heart condition, etc.) that would limit participation in the program? Yes / No (circle one) If yes, please explain:

List any current medications: _____ List any allergies: _____
(use flip side if necessary)