

Employee Name \_\_\_\_\_

Reserved Time \_\_\_\_\_

# CANOPY TOURS WAIVER AND ASSUMPTION OF RISK

*Canopy Tour tickets are non-refundable*

**Before signing this waiver you must read and mark off that you (or your child) meet(s) each of the following requirements:**

\_\_\_\_\_ Participant is wearing secure shoes (NO FLIP FLOPS)

\_\_\_\_\_ Participant is in good physical health

\_\_\_\_\_ Participant is less than 300 pounds

\_\_\_\_\_ Participant is NOT pregnant or had a recent surgery

\_\_\_\_\_ Participant is MORE than 48" tall, or they have a paying adult to accompany them (One adult per child)

\_\_\_\_\_ Participant is not wearing a skirt

\_\_\_\_\_ Participant is a MINIMUM of 42" tall

I, \_\_\_\_\_, am volunteering myself or my child to participate in The Museum of Natural Curiosity's Canopy Tours High Ropes Course. I acknowledge that, as with any physical activity, there are potential risks associated with participating in the Canopy Tours, and I hereby agree to indemnify and hold harmless Thanksgiving Point Institute, et al. from any personal injury, property damage, damages, losses, and/or death resulting from aforementioned participation. I understand that participation in this activity may aggravate medical conditions/symptoms if I am currently taking medications, have health conditions, chronic illnesses, or injuries and I assume all liability for any physical injuries and/or emotional distress inflicted. I further agree to use my best judgment in undertaking these activities and adhere to all safety instructions and recommendations, whether oral or written.

Participant's Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature (18 & over): \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature for minors (17 & under): \_\_\_\_\_ Date: \_\_\_\_\_