

Whitewater Rafting Adventures / Pocono Mountain Zipline Participant

Pocono Mountain Zipline Liability Waiver and Agreement to Participate

Print Name \_\_\_\_\_ Date(s) \_\_\_\_\_

As a participant in the program that is being conducted by Pocono Mountain Zipline, I acknowledge that I am aware of the physical activities involved and agree to the terms of this agreement.

The PHYSICAL ACTIVITIES may include, and are not limited to, any of the following: touching and supporting other individuals, being touched and supported by other individuals, lifting other individuals, being lifted by other individuals, traveling on thin cables or ropes, using harnesses, ropes and related “climbing”, or trees above six feet.

I will follow all instructions and commands from the Staff and posted signage.

I will NOT jump, hang upside down or invert myself while riding. I will not adjust my safety equipment once inspected by a Staff member.

**I ACCEPT AND CLEARLY UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN THE ACTIVITIES, INCLUDING THE RISK OF PERSONAL INJURIES. I UNDERSTAND THAT MY PRE-EXISTING CONDITIONS, WHETHER KNOWN OR UNKNOWN, MAY BE EXACERBATED BY MY PARTICIPATION. I FULLY ACCEPT THESE RISKS.**

In consideration of being a participant (if 18 years or older) or my child being a participant in the Pocono Mountain Zipline, on behalf of myself (if 18 years or older) or my child, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Pocono Mountain Zipline, its agents, servants, and employees of and from any and all manner of actions, causes of actions, suits, damages, claims, and demands, on account of personal injury, including death, or any other cause whatsoever which I may have against them by reason of or arising out of my (if 18 years or older) or my child’s participation in the above listed program.

I, the participant (and parent or guardian if under age 18) acknowledge that I am in reasonable physical condition to participate in the activities of this program. Further, if I have concerns regarding any health conditions before or during the activities, I will remove myself from participation and bring them to the attention of the instructor. I acknowledge that I have been given the opportunity to ask questions regarding the program and any aspect of this liability waiver form and by signing below (if 18 years or older) I accept full responsibility for understanding all aspects of this liability waiver and accept the risks involved in this program.

COMPLETE REVERSE SIDE

Whitewater Rafting Adventures / Pocono Mountain Zipline Participant

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
Email of Participant

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Have you been here before?

READ REVERSE SIDE