

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

_____ Participant is in good physical health

_____ Participant is not wearing a skirt

_____ Participant is less than 300 pounds

_____ Participant is NOT pregnant or had a recent surgery

_____ 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: _____

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