

# RELEASE OF LIABILITY

I understand and acknowledge that participating in this portable zip line brings with it both known and unanticipated risks to myself, to my property, and to third parties. Those risks include, but are not limited to: **falling, slipping, crashing, and colliding** and could result in **injuries**, illness, disease, emotional distress, **death**, and/or property damage to myself or to third parties. I am aware that participating in this portable zip line entails risks or injuries to myself and a risk or injury to spectators or third parties as a result of my actions. **I expressly agree and promise to accept and assume all responsibility** and risk for injury, death, illness, or disease, or damage to myself, to my property, or third parties arising from participation in this portable zip line. I also agree to pay for any damages caused to others including attorneys' fees and costs if they are injured or otherwise damaged due to any negligent actions. **My participation in this activity is purely voluntary:** no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

I voluntarily release, indemnify, hold harmless and discharge **ODYSSEY FUN WORLD** from any and all liability claims, demands for action, or right to action, whether personal to me or to a third party which are related to, arise out of, or are in any way connected with my participation in this portable zip line, including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney's fees and costs which may be incurred by **ODYSSEY FUN WORLD** in the defense of any such liability claim, demand, action, or right of action.

I further acknowledge that I am fully physically capable of engaging in this activity. Therefore, I admit and verify that I do not suffer from any medical condition, which would preclude my participation in this activity, including, but not limited to , pregnancy, heart trouble, and /or recurring back pain. I further **voluntarily and knowingly assume any risk and/or consequences** presented by my medical condition in regards to my participation in this activity.

Through this release, I further warrant that I am not afraid of heights. I fully recognize that anyone afraid of heights **should not** take part in this portage zip line adventure. I, therefore, accept full responsibility for any physical or psychological injuries stemming from the height of this portable zip line.

If under the age of eighteen (18), I acknowledge that I have obtained the full and complete consent of atleast one parent or guardian to participate in this activity.

**Overall, I voluntarily & knowingly admit that I will not seek legal or equitable relief against either Spectrum Sport Int'l, and/or their agents for any consequence whatsoever resulting from my participation in this activity. I fully release them from any and all liability.**

PRINT NAME

SIGN NAME

DATE

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