

ZIPLINE and/or HIGH ROPES ADVENTURE TOUR WAIVER

Valid for the Summer 2017 Season

I understand and agree that participating in the **ZIPLINE and/or HIGH ROPES ADVENTURE TOUR** carries significant risk of serious personal injury, death or property damage and that **Big Sky Resort does not provide any assurance that the property is safe for any purpose**. Participants should be aware that certain inherent risks exist including but not limited to: falling, slipping, sliding, tripping from cliffs, steep, inconsistent, or wet terrain, falling objects including trees and rocks, adverse weather conditions including wind, lightening and extreme temperatures, collisions with people, terrain or objects, equipment malfunction, clothing or body parts being caught in moving parts, injury while getting on and off of platforms, on and off of lifts, in and out of vehicles, animal dangers including being bitten, trampled, or mauled, fire dangers including being burned or smoke inhalation, poisonous effects of plants, insects and snakes, disorientation dangers including falling or getting lost, physical exertion dangers, stress or emotional trauma, failure on the part of the participant, other participant or employees of Big Sky Resort to follow directions of a person of authority, either written or verbal, and equipment misuse by either the participant, other participants, or employees of Big Sky Resort. **I acknowledge and accept all such risks.** I will abide by all instructions written and verbal. Those not following these directions may be removed from the tour without refund.

I understand and agree that participating in **ZIPLINE and/or HIGH ROPES ADVENTURE TOUR** may not be appropriate for individuals with certain medical conditions which may include, but are not limited to, recent musculoskeletal injuries, head, neck or back injury, epilepsy, chronic heart condition, pregnancy, hemophilia or diabetes. Participation is not appropriate for individuals taking blood thinning medications or who are under the influence of alcohol or recreational drugs. It is recommended that medications for conditions such as asthma, diabetes or severe allergies be carried by the respective person and to alert the guide(s) of such conditions.

I have been given an opportunity to inspect the facilities and agree by my participation to accept the conditions as they exist. I agree that I will accept and abide by the rules and regulations of Big Sky Resort. I grant Boyne USA, Inc., d/b/a Big Sky Resort LLC the absolute and irrevocable right and permission forever to use, reuse, publish photographs, audio or video recordings, in any medium and for any purpose whatsoever, including but not limited to, illustrations, web/internet, marketing, promotion, advertising and trade

I understand that the weight requirement for the Adventure Zipline is 80lbs-220lbs, and the Nature Zipline is 45lb-275lbs. I understand that I must fit into the zip harness appropriately. If I do not meet these requirements, I understand that I may not be able to participate in these activities.

My weight is _____ lbs Participant initials: _____ Staff Initials: _____

BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

I, the undersigned, have fully read and do understand the terms and conditions on this form, and agree to them.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ HOME PHONE: _____

DATE: _____

Signature of Parent/Guardian if
Participant is under 18 years old

DATE: _____ WITNESS _____