## Visitor Acknowledgment of Risk

In consideration of the services of	their officers, age	ents, employees,
	entities associated with those businesses (h	ereafter collectively
referred to as "") I agree as	s follows:	
guides so I can enjoy an activity for which I is not without risk. Certain risks are inheren unique character of the activity. These inhunique character of this activity and can be injury, illness, or in extreme cases, permaneme or reduce my enthusiasm for this activity	nable steps to provide me with appropriate emay not be skilled, has infect in each activity and cannot be eliminated wherent risks are some of the same elements the cause of loss or damage to my equipment trauma, or death does y, but believes it is important for me to know isks. The following describes some, but no	ormed me this activity without destroying the that contribute to the ent, or accidental not wish to frighten in advance what to
participant. I understand the description o unanticipated inherent risks may result in in the inherent risks identified herein and thos	entails risks of injury f these inherent risks is not complete and th jury or death. I agree to assume and accept e inherent risks not specifically identified. I g me to participate, and I elect to participate	at other unknown or full responsibility for My participation in this
other activities and that I have responsibilities	may require a degree of skill and knowledge es as a participant. I acknowledge that the e fully explain to me the nature and physical dangers associated with this activity.	staff of
for myself, including all minor children in my personal property and expenses as a result	ng in this activity. Therefore, I assume and a y care, custody, and control, for bodily injury of those inherent risks and dangers identified dentified, and as a result of my negligence i	, death, or loss of ed herein and those
	nd accepted the terms and conditions stated affective and binding upon me, my heirs, asspers of my family, including minor children.	
Name	Signature	Date
Name of Parent/Guardian if participant is under 18	Signature of Parent/Guardian	Date