

PARTICIPANT ASSUMPTION OF RISK AND WAIVER AGREEMENT  
WELCOME TO H'EVANS SCENT

The ATV FOUR-WHEELED BIKE Course and ZIP WIRE Course are powerful outdoor experiences designed to foster self-discovery, and confidence. Both Course Programs are carefully structured, graduated series of elements incorporating physical, mental and social challenges. Activities may include reliance on others or equipment, climbing over obstacles, walking on cable bridges, riding on the Zip Wire, sharp corners and cross-country terrain! We are confident you will find both Course Programs great learning experiences, they are both fun and challenging. When working outdoors and leading physical activities, safety is our main concern. We will regularly discuss basic rules of safety and provide the special organization, supervision, instruction and equipment you need to participate safely in course activities. It is impossible for us to eliminate all risk, however, and your commitment to follow instructions and use sound personal judgment will contribute greatly to your well being. By signing this waiver, the participant and/or guardian accepts that there are inherent risks and hazards in adventure programming and agrees not to sue H'EVANS SCENT LTD. Please read and sign the following agreement:

I, as a participant or parent/guardian of a participant, understand I will be participating in activities that involve the use of a gasoline/diesel operated All Terrain Vehicle (ATV), and there will be periods of physical exertion, balancing, heights (up to 80 ft), lifting, pushing, pulling and climbing. I know all activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I fully understand that my physical activity involves risk of injury. I understand the risks may include loss or damage to personal property.

I understand that I will not be forced to do any activity and that despite all reasonable precautions taken, a guarantee of absolute safety is impossible. I agree to take full responsibility for any decisions I make and I agree to exercise good personal judgment on any mental, physical or medical condition that might affect my ability to participate or affect other participants, and to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. I realize that failure to tell that information could result in serious harm to me or others. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I agree to comply with safety instructions given and to be responsible for my personal safety and well being. I agree not to hold H'EVANS SCENT LTD., its Directors, Officers, Employees, Agents, and/or Associates responsible for any accidents, injury, loss of or damage to property that may occur whilst on this program. I understand that all possible precautions are taken to insure that all programs and activities sponsored by H'EVANS SCENT LTD are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises. In the event of an emergency, I understand every attempt will be made to contact the next - of - kin, or parent/guardian. In the event that the next - of - kin or parent/guardian cannot be reached, I give permission to H'EVANS SCENT LTD., to secure proper medical treatment. I understand that any medical expense not covered by H'EVANS SCENT LTD medical insurance will be billed directly to me or to my insurance company.

I have read and understand all materials outlining the adventure course, including this waiver and agree to abide by these terms. I am aware that this is a waiver and a release of liability and I sign it voluntarily.

PLEASE TURN OVER

Please print and sign name to acknowledge and agree to the contents on the front page. Parents or Guardians must sign on behalf of people under 18 years of age.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
PRINTED FULL NAME

\_\_\_\_\_  
PRINTED FULL NAME

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FURTHER PARTICIPANTS OR FAMILY MEMBERS**

PRINT NAME

SIGNATURE

(1) \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(2) \_\_\_\_\_

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