RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF RISK
READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any zip line and/or walk the plank activities including, but not limited to, entering, accessing, riding, using equipment, and any other activity associated with the zip lines and/or walk the plank, I acknowledge and agree that:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of any zip line and/or walk the plank activity and/or my participation in zip line and/or walk the plank activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Dell'Osso Farms, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Dell'Osso Farms LLC or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Dell'Osso Farms, LLC and it's owners, agents, officers and employees and any person or entity associated with Dell'Osso Farms LLC from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of zip line and/or walk the plank equipment or my participation in zip line and/or walk the plank activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Dell'Osso Farms LLC or any person or entity associated with Dell'Osso Farms LLC . This waiver is good through 2016.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for Dell'Osso Farms LLC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in zip line and/or aerial ropes course activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE TO EXEMPT AND RELIEVE DELL'OSSO FARMS LLC, ITS OWNERS, AGENTS, OFFICERS AND EMPLOYEES AND ANY OTHER PERSON OR ENTITY ASSOCIATED WITH DELL'OSSO FARMS LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____ _____ _____ _____
Print Name Age Date of Birth Phone

_____ _____ _____ _____
Signature Address City, State Zip

_____ _____
Signature of Parent/Guardian (if less than 18 years old) E-mail

Date: _____