

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Zion Rock & Mountain Guides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ZRMG"), I hereby agree to release, indemnify, and discharge ZRMG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in guided tours, hiking, biking, mountaineering, and rock climbing activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling objects; rugged terrain; weather conditions; water hazards; accidental drowning; accidents involving other bicycles or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with or falls from the bicycle; cuts, bruises, burns, abrasions, and concussions; strains, sprains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; loss of fingers or other appendages; the possibility of eye damage or loss of hearing; inhalation or contact with airborne contaminants and or flying debris; electric shock; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; equipment failure and/or operator error; improper lifting or carrying; being lost or separated from their guides or companions; the negligence of participants, or other persons who may be present; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use.

Furthermore, ZRMG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ZRMG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of ZRMG's equipment or facilities, **including any such claims which allege negligent acts or omissions of ZRMG.**
4. Should ZRMG or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against ZRMG, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ZRMG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____
Address _____ City _____
State _____ Zip _____ Email _____
Participant Signature _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by ZRMG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ZRMG from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



1458 Zion Park Blvd
 P.O. Box 623 Springdale, UT 84767
 435.772.3303
 www.zionrockguides.com
 www.bikingzion.com

Medical Release

Full Name _____ Date of Birth ____/____/____ Age _____ Party Name: _____ Trip Date _____

Street/Apt _____ City _____ State _____ Zip _____

Email _____ Phone _____ Height _____ Waist _____ Shoe Size _____ Waist Size _____

Emergency Information:

Contact Name _____ Relationship _____ Phone _____

Medical Information:

Medical Insurance Company _____ Policy Number _____ Group Number _____

Condition	No	Yes	Condition	No	Yes
Vision or hearing impairment			Diagnosed mental illness		
Broken bones			Severe anxiety or depression		
Severe Sprains			High blood pressure		
Neck or shoulder problems			Heart disease		
Back or spin problems			Seizures		
Foot or ankle problems			Asthma		
Leg or knee problem			Diabetes		
Arm or hand problem			Chronic headaches		
Intestinal Problem			Shortness of breath		
Urinary tract problem			Chest Pain		
Muscle impairment			Women-Are you pregnant?		
Hospitalization past year			Other		

Please provide further information for any "Yes" responses....

Please list any allergies or prescription medications you are taking....

Medical Waiver Information

I hereby certify that the information provided herein is accurate and I the participant is in good physical condition to participate in the required activities. If medical attention is needed for illness or injury during the program, permission is given for such care under said health insurance coverage stipulations. We understand that Zion Rock and Mountain Guides/Bike Zion need not provide payment for any medical fees insured under the program.

Participant Signature _____ Date _____ Parent / Guardian Signature _____ Date _____