

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Leavenworth Paragliding, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "LEPA"), I hereby agree to release, indemnify, and discharge LEPA, 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 paragliding and hang gliding activities entail 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: major injuries are a risk as are sprains, strains, scratches, bruises, abrasions, cuts, lacerations, broken bones, fractures, musculoskeletal injuries including head, neck, and back injuries; the forces of nature, including high winds, lightning, and rapid weather changes; changing visibility; falls from significant heights; the hazards of being struck by the equipment, slips and falls during take-off or landing; loss of flying control, including collapse, stall, spiral, change in direction or flight path, rapid rate of descent and ascent, pitch, yaw, roll and change in turning radius; collision with exposed rock, water, snow, cables, fences, vehicles, structures or other objects; high altitude; the risk of exposure to insects and encounters with wildlife; travel over extreme mountainous or alpine terrain; travel on highways and back-country roads; becoming lost or separated from other pilots, guides, instructors or other participants; failing to act safely or within one's own ability; my own physical condition; transmissible pathogens and diseases; and the physical exertion associated with this activity. In any event, if you or your child is injured, any medical assistance will be at your own expense.

Furthermore, LEPA 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. Additionally, I agree to wear a secured and certified helmet while participating in this activity.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless LEPA 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 LEPA's equipment or facilities, **including any such claims which allege negligent acts or omissions of LEPA.**
4. Should LEPA 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 LEPA, I agree to do so solely in the state of Washington, 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 LEPA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at LEPA*. 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 _____ DOB _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of the following minor(s): (print name(s) and DOB(s)) _____

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

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