



CLIMBING WALL/ROPES COURSE/ZIP LINE TEAM BUILDING REGISTRATION/RELEASE AGREEMENT

Name: _____

Address _____ City: _____ State: _____ Zip: _____

Telephone: _____ Room/Account Number: _____ Age: _____ Height: _____ Weight: _____

RELEASE AGREEMENT

(Please read carefully before signing)

1. I understand that during my participation in this adventure course, climbing tower and/or teambuilding activity, I may be exposed to psychological and physically stressful and challenging situations.
2. I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity, it is impossible for the program to guarantee absolute safety. Also, I understand that I share the responsibility for safety and I assume that responsibility. Further, I waive any claim that may rise against NWL Co., Nemaocolin Woodlands Resort & Spa and/or its owners, agents or employees as a result of my participation in the program.
3. I will be responsible for the replacement at full retail value of any equipment rented under this form, but not returned to the shop.
4. I AGREE TO HOLD HARMLESS AND INDEMNIFY NWL CO., THE NEMACOLIN WOODLANDS RESORT (NWL, AND ITS OWNERS, AGENTS AND EMPLOYEES) FOR ANY LOSS OR DAMAGE, INCLUDING ANY THAT RESULTS FROM CLAIMS FOR PERSONAL INJURY INCLUDING DEATH OR PROPERTY DAMAGE RELATED TO THE USE OF THE EQUIPMENT, EXCEPT REASONABLE WEAR AND TEAR.
5. I agree to return all equipment rented by the agreed date in a CLEAN condition to avoid any additional charges
6. I understand that there are inherent risks involved in the sport for which this equipment is to be used and that injuries are common and ordinary occurrences of them and I freely assume those risks.
7. I HEREBY RELEASE NWL AND ITS OWNERS, AGENTS, AND EMPLOYEES AS WELL AS THE MAUNFACTURERS AND DISTRIBUTORS OF THE EQUIPMENT FROM ANY AND ALL LIABILITY FOR DAMAGE AND INJURY TO MYSELF OR TO ANY PERSON OR PROPERTY RESULTING FROM NEGLIGENCE, INSTALLATION, MAINTENANCE, THE ADJUSTMENT AND USE OF THIS EQUIPMENT, ACCEPTING MYSELF THE FULL RESPONSIBILITY FOR ANY AND ALL SUCH DAMAGE OR INJURY WHICH MAY RESULT.
8. I have accepted responsibility for verifying my personal health and medical history on this form and that I have no physical or psychological problems that would prohibit my participation in this program.
9. I agree to comply with all instructions and directions of the Nemaocolin Woodlands Resort & Spa staff during my participation and to ask for clarification if I do not understand instructions.
10. I understand that if involved in an accident, in this area or any area while using NWL equipment or NWL property, I must report it immediately.
11. I acknowledge that photos may be taken during my activity. These pictures may be used by Nemaocolin Woodlands Resort & Spa for promotional advertisements in the future.
12. **I HAVE READ THE AGREEMENT ON THIS FORM RELEASING NWL CO., AND NEMACOLIN WOODLANDS RESORT FROM LIABILITY AND VOLUNTARILY AGREE TO THE TERMS OF THAT AGREEMENT.**

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

I (we) acknowledge that there can be no guarantee of safety against risk and unforeseen accidents, as detailed above, and consent to the participation of the above named participant in this program. I also authorize the treatment of my son or daughter by a licensed medical doctor in the event of an emergency.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

I recognize that climbing wall, high ropes course and teambuilding activities can be a strenuous endeavor, requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in these activities, and that if I am now under treatment for any of the following, I will make note and discuss them with the Nemaocolin Woodlands Resort and Spa Instructor

Please circle all that apply

Cardiac or Pulmonary Condition or Disease	Kidney Related Disease	Alcoholism	Nervous Disorder	Hearing loss or impairment
Mental Distress	High or Low Blood Pressure	Shortness of Breath	Pregnancy	Diabetes
Drug addiction or dependency	Insect Allergies	Fainting Spells or Convulsions	Back or Neck Injury	Recent Injuries
Any Orthopedic Problems	Any other concerns			

I further certify that I am not on any regular medication and have not taken any alcoholic beverage or drugs within the last 12 hours.

Print Name: _____ Date: _____

Signature: _____