

COLDSPRINGS ADVENTURE PARK, LLC WAIVER

Participation Agreement Assumption of risk Acknowledgement and Release of Liability:

I have voluntarily elected to use, and if applicable, to allow the minor child(ren) identified below ("Child") to use the facilities, equipment, rides, games, maze, and services operated by Coldsprings Adventure Park, LLC at 2284 N. Fruitland Dr., N. Ogden, Utah 84414.

In consideration for being permitted to enter and use the Facility, I represent, acknowledge, and agree as follows:

Assumption of Risk: Understanding that all reasonable precautions have been taken to assure that Coldsprings Adventure Park, LLC is as safe as possible, I understand that the play equipment, games, maze, and activities at Coldsprings Adventure Park, LLC have inherent risks and may result in serious injury, paralysis, or death. I further understand that the activities and play equipment will be shared with others over who Coldsprings Adventure Park, LLC has no control: and,

Release of Liability: I, for myself, and/or as parent, legal (court appointed) guardian or custodian knowingly and freely accept and assume all risks, both known and unknown, and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE AND HOLD HARMLESS COLDSPRINGS ADVENTURE PARK, LLC their principals, officers, owners, employees, equipment manufacturers, sponsors, agents, and other participants, from any and all claims, damages, (including medical expenses and attorneys' fees), injuries (including disabilities, paralysis, and death and expenses arising out of, or resulting from voluntary attendance/participation at Coldsprings Adventure Park and

Rules: I, myself, and/or as parent, legal (court appointed) guardian or custodian, willingly agree to comply with the stated and customary terms, rules, and conditions for attendance/participation: warrant and certify that all participants are physically fit and able to participate in all activities at Coldsprings Adventure Park: and if I become aware of or observe any hazard or potentially dangerous condition during my attendance/participation, I will notify the nearest employee immediately, and

Medical release: In the event that medical attention is needed for myself, or any of the attendees listed below, I grant permission for the basic first-aid and assistance to be administered by Coldsprings Adventure Park staff. In the event that advanced first-aid is required, Coldsprings Adventure Park will call 911 and I authorize medical care to be administered as required by a trained medical professional. I agree to release Coldsprings Adventure Park from all claims, damage, injuries and expenses arising out of such assistance, including any claims arising from contact needed to administer assistance.

I, for myself, and/or parent, legal (court appointed) guardian or custodian, have carefully read the above participation agreement, assumption of risk acknowledgment and release of liability,

hereby agree to be bound by it for myself and all minor participants listed below, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover the minor under the agreement.

Signed: Parent/Guardian: _____

Date: _____