



THANKSGIVING
POINT

Employee Name: _____

Reserved Time: _____

Canopy Tours Waiver and Assumption of Risk

Before signing this waiver you must **read and initial** that you (or your child) meet(s) each of the following requirements.

Canopy tour tickets are non-refundable.

- | | |
|--|--|
| <input type="checkbox"/> Participant is wearing secure shoes (NO FLIP FLOPS). | <input type="checkbox"/> Participant is not wearing a skirt |
| <input type="checkbox"/> Participant is in good physical health. | <input type="checkbox"/> Participant is NOT pregnant or had a recent surgery |
| <input type="checkbox"/> Participant is less than 300 pounds. | <input type="checkbox"/> Participant is at least 4 years old. |
| <input type="checkbox"/> Participant is MORE than 48" tall, OR they have a paying adult to accompany them. (One adult per child) | |

I, _____, am volunteering myself or my child to participate in The Museum of Natural Curiosity's Canopy Tours High Ropes Course. I acknowledge that, as with any physical activity, there are potential risks associated with participating in the Canopy Tours, and I hereby agree to indemnify and hold harmless Thanksgiving Point Institute, et al. from any personal injury, property damage, damages, losses, and/or death resulting from aforementioned participation. I understand that participation in this activity may aggravate medical conditions/symptoms if I am currently taking medications, have health conditions, chronic illnesses, or injuries and I assume all liability for any physical injuries and/or emotional distress inflicted. I further agree to use my best judgment in undertaking these activities and adhere to all safety instructions and recommendations, whether oral or written.

Participant's Name (Please Print): _____ Phone: _____
Participant Signature (18 & over): _____ Date: _____
Legal Guardian Signature for minors (17 & under): _____ Date: _____



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