		ny, LLC (known as C4) furnishing services and /or Course and allowing me the use of part of the C4 facility and
Ropes Course and/or other equipment and my p C4; 2. My participation in such activities and/or on not limited to bodily injury, disease strains, fraction heart attack, death or other ailments that could of the negligence of the owners, employees, office	participation use of suct ures, partic cause seric rs or agen es of natur	edge that: 1. Risks and dangers exist in my use of High in in High Ropes Course activities or any other activities at an equipment may result in my injury or illness including but all and/or total paralysis, eye injury, blindness, heat stroke, bus disability; 3. These risks and dangers may be caused by its of <b>C4</b> , the negligence of the participants, the negligence of the or other causes. These risks and dangers may arise from weight limit on all high ropes activities.
hold harmless, defend and indemnify <b>C4</b> and its actions or losses for bodily injury, property dama my activity at the <b>C4</b> facility whether caused or or the country of th	owners, a age, wrong contributed	wheirs, hereby voluntarily agree to release, waive, discharge, gents, officers and employees from any and all claims, full death, loss of services or otherwise which may arise from to, in whole or in part, by the negligence of <b>C4</b> , its agents,
employees, officers or representatives. I specific or cause of action that I may have presently or in representatives arising from my activity at the <b>C</b>	n the futur	
Safety Pledge: I agree to abide strictly by the ru	ules set for	th in the <b>C4</b> training and practice course. I also agree to
250 lb weight limit applies to all high elements. I influence of any drugs that can affect my judgme Course at <b>C4</b> .	also agreent, percep ent, percep _ <i>InitiaI</i> **	
		DIAN if PARTICIPANT is UNDER 18 YEARS OLD
The undersigned parent or guardian has read the abelow named minor to participate in the high ropes hereby gives staff permission to <b>authorize medica</b>	above Waiv s and low ro al treatmer	ver, agrees to the terms and hereby gives permission for the opes course at the Character Challenge Course Company and not as may be deemed necessary for the child named below
while involved with in any other activities at the Ch	aracter Ch	allenge Course Company. ***Initial***
Media Release		
Course Co., LLC (C4) and its employees, agents, www.characterchallengecourse.com (Website) and member of my family, or any individual that I am re	and person d/or C4 ma egistering. I	reby voluntarily permit and authorize the Character Challenge nel who are acting on behalf of the C4 to post on the ilers/advertising, photographs or video images of me, or any understand that the C4 and its employees, agents and such a photograph or video image on the C4 Website, any
further dissemination of my photographs or video i	mages will	be subject to C4 supervision or control. Accordingly, I release
the C4, its employees, agents and personnel actin photographs or video images.	g on its bel	nalf from any and all liability related to all dissemination of such  *** Initial***
I have read and agree to the Media Release.		
Signature of participant		Signature of PARENT/GUARDIAN (if applicable)
***************************************	******	***************************************
		IS MY INTENTION TO RELEASE THE CHARACTER
CHALLENGE COURSE CO. LLC AND ITS AGENTS FROM ANY LIABILITY FROM PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I understand that a 250 lb. weight limit applies to all high event activities at the Character Challenge Course Co., LLC.		
Signature of participant		Signature of PARENT/GUARDIAN
Participant's Full Name	Age	Address
City	State	Zip

Email Address (for future promotions and deals)