



**RELEASE OF LIABILITY AGREEMENT**  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

I fully realize that the activities of participating in Zip Lining may involve inherent dangers and that bodily injury may result from these activities. I hereby assume all risks and I do clearly and irrevocably swear that every act done during these activities will be by my own free will. And I agree as follows:

**TO WAIVE ANY AND ALL CLAIMS** that I may have against Expectation Sports Co., LLC DBA Rock It Up And it's owners, employees, agents, and representatives (all of whom shall now be referred to as the releasees.)

**TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY** for any loss damage, injury, or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the activity due to any cause whatsoever, including any negligence on the part of the releasees.

**TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** for any and all liability for any property damage, loss, and personal injury to any third party, resulting from participation in the activity.

**THAT** this Release of Liability Agreement shall be effective and fully binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death.

I certify that I am not physically disabled or under any mental disorder which would prevent me from legally signing this Waiver of Liability or from participating in said activity.

I also certify that I understand the English Language, that I can read written English, and that I understand everything written in this Waiver of Liability.

**ACKNOWLEDGEMENT:**

By signature below I acknowledge and accept all terms and conditions of this Agreement, and deem that this is a legal and binding Agreement. If I am signing this Agreement on behalf of a minor, I certify that all representations are true with respect to the minor and that I am the minor's legal guardian or custodial parent with full authority to bind the minor and myself to the terms of and conditions of this Agreement.

\_\_\_\_\_  
Print name of participant

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
date

\_\_\_\_\_  
If under 18, Print name of guardian

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
date