



ROPES COURSE

- I DO** want my child to participate in the Ropes Course (If checked then proceed to complete the below section).
- I DO NOT** want my child to participate in the Ropes Course.

By the signature below, I acknowledge and agree that:

I assume all risk for participating or (assume the risk for the minor child(ren) if the participant(s) is under 18 years of age) in any of the following: Ropes Course at WonderWorks Orlando.

I release, indemnify, and hold harmless WonderWorks, their officers, directors, agents and/or employees, other participants, those WonderWorks contracts with, and the owners and lessors of the property from all injury, disability, loss, or damage to person or property, or death arising from the negligence of the releases or otherwise, to the fullest extent of the law.

I have read this permission and release of liability and I fully understand the terms, understanding that I have given up legal rights by signing this document, and I sign it freely and voluntarily without any inducement.

I HAVE READ THIS PERMISSION AND RELEASE OF LIABILITY AND I FULLY UNDERSTAND ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Group/School Name: _____

Child's First Name: _____

Child's Last Name: _____

Parent Signature & Date: _____