

**RECREATIONAL INDUSTRIES, INC. d/b/a WISP RESORT
WISP CHILDREN'S PROGRAMS
HOLD-HARMLESS, RELEASE OF LIABILITY & AGREEMENT NOT TO SUE
PLEASE READ CAREFULLY BEFORE SIGNING**

**ACCEPTANCE OF THIS AGREEMENT CONSTITUTES A CONTRACT. THE CONDITIONS OF THE CONTRACT ARE SET FORTH BELOW
AND WILL PREVENT YOUR ABILITY TO SUE WISP. IF YOU DO NOT AGREE WITH THESE CONDITIONS THEN DO NOT USE THE
FACILITY.**

Please fill in all information; print as neatly as possible

Name: Last _____ First _____ Age _____

Street Address: _____

E-Mail Address: _____ Phone Number: _____

I understand that recreational activities are a hazardous sports involving inherent and other risks of injury to any and all body parts of my child, including death. IT IS ALSO A PURELY VOLUNTARY ACTIVITY THAT MY CHILD AND I CAN FREELY CHOOSE NOT TO PARTICIPATE IN. I further understand that injuries in the sport are a common and ordinary occurrence, and I freely accept and assume all risk of injury and death that may result while the child named _____ is enrolled in Wisp Children's Programs.

I, ON BEHALF OF MYSELF, MY HEIRS, NEXT OF KIN, EXECUTORS, SUCCESSORS AND ASSIGNS, do hereby release and hold harmless and indemnify WISP RESORT, their RESPECTIVE officers, directors, shareholders, agents, servants and employees and their insurance carriers from any and all claims, actions or damages without limitation whatsoever, whether consisting of personal injury, property damage, or death, that does or may result in any way from the above named child's participation in the Wisp Children's Programs, whether such injuries of any kind or nature or such death is caused by the negligence OF WISP RESORT.

I completely understand that this paragraph constitutes a covenant and promise on my part to fully discharge the above named parties from any and all liability of any kind for any injuries, loss, damage, or death, which may result from participation in any Willy Wisp program.

Additionally, I hereby release Wisp Resort and any sponsors, their successors, agents, servants, and all other persons from all claims, demands, and causes of action of any kind or nature which I may have or ever will have arising out of or connected with the filming (moving or still) and taping (voice or otherwise) of the above named child while participating in any Willy Wisp program and the use of such materials as shall result from these activities by anyone thereafter. I consent to the making of such photographs and films and/or tapes, and the reproduction, and the publication of the same in perpetuity, worldwide and in any and all media, whether now known or hereafter developed.

This release is binding UPON, my heirs, administrators, executors, and assignees, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effect, and the total waiver of any rights that I would otherwise have had, had this agreement not been executed.

I authorize transportation to a medical facility and do hereby consent to medical treatment by a physician on duty in the emergency room for the above named child in the event of an accident or illness if I the Parent/guardian cannot be contacted immediately. I agree to pay any expenses incurred.

Parent's or Guardian's Signature _____ **Date** _____