

ZERO GRAVITY RIDE REGISTRATION

LIABILITY WAIVER, LIABILITY RELEASE AND COVENANT NOT TO SUE

WARNING: THE RIDES AT ZERO GRAVITY ARE USED FOR EXTREME SPORTS AND CAN CAUSE SERIOUS INJURY OR DEATH. READ THIS AGREEMENT CAREFULLY AND INDICATE YOUR AGREEMENT BY INITIALING EACH PROVISION IN THE SPACE PROVIDED.

Medical Condition. I affirmatively represent to Zero Gravity that I do not have any type of heart condition; I have never had neck or back surgery or had any serious injuries to my neck or back; I am not pregnant; I am not intoxicated or under the influence or control of any drugs; and I do not have any other medical or physical condition that would preclude me from participating in bungee jumping activities. I understand that no employee of Zero Gravity is qualified to give advice about any past or current medical condition. If I have any question about my condition I have sought independent medical advice before I dive.

In consideration for my use in any way of the Zero Gravity Dallas facility, I agree to the following:

1. Covenant Not to Sue, Release and Waiver. I, my spouse, and any person authorized to act on my behalf, hereby covenant not to sue and release, waive and discharge Zero Gravity, its Associates (officers, employees, members, assistants, advertisers, and others) for any and all property loss, damage, claim, or demands for any injury, death or loss of property, whether caused by negligence or otherwise while I am participating in any extreme sport or for any claim whatsoever on account of first aid, treatment or service rendered me during my participation in any bungee jumping activity. If I or any other person acting on my behalf brings a legal action or any other claim or proceeding against Zero Gravity or its Associates for personal injury, death or property loss arising directly or indirectly from my participation in extreme sports at the Zero Gravity facility I will pay for reimbursement of all legal costs and attorney fees incurred by Zero Gravity, me, and any others for the defense of such actions.

2. Assumption of Risk. I assume full responsibility for my actions and I freely choose to incur any and all risks and dangers connected with riding the rides at Zero Gravity including possible injury, death or other damages to me, to my property or to my family, heirs or assigns arising from my use of or while upon, off, or around the Zero Gravity facility.

3. THIS SIGNED DOCUMENT IS THE TOTAL AGREEMENT BETWEEN ZERO GRAVITY AND MYSELF AND CANNOT BE AMENDED OR MODIFIED BY ANY VERBAL AGREEMENT WITH ANYONE.

PARTICIPANT/PARENT/GUARDIAN (as required)

*Interested
in receiving
emails?
(Circle one)*

<hr/> <i>(Print Name)</i>	<hr/> <i>(Signature)</i>	<hr/> <i>(Email Address)</i>	<hr/> <i>Yes/No</i>
Adult/Parent/Guardian (Circle one)			
<hr/> <i>(Print Name)</i>	<hr/> <i>(Signature)</i>	<hr/> <i>(Email Address)</i>	<hr/> <i>Yes/No</i>
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Adult/Parent/Guardian (Circle one)			
<hr/> <i>(Print Name)</i>	<hr/> <i>(Signature)</i>	<hr/> <i>(Email Address)</i>	<hr/> <i>Yes/No</i>
Adult/Parent/Guardian (Circle one)			

Initials

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