RELEASE AND WAIVER Dollywood's SkyZip 2700 Dollywood Parks Boulevard, Pigeon Forge, TN 37863

CUSTOMER NAME:					DATE OF BIRTH://	
				S OLD:		
ADD	DRESS:					
PHC	ONE: ()		WEIGHT:	ARE YOU PREGNANT?	
			CONTITIONS THAT W		I SAFELY PARTICIPATING IN DOLLYWOOD'S —	
			•		FFECT YOUR LEGAL RIGHTS. DERSTAND IT BEFORE YOU SIGN.	
mys	self (or, if I a	am signing this do	cument on behalf of a p	person who is under the age	greed to provide to me, I hereby promise and agree on behalf of e of eighteen, on their behalf as his/her Legal Guardian), and my s/her Legal Guardian) as follows:	
1.	property of hereby sp "Activity" remote pla dizziness sleet, sno traveling,	ize and acknowledge that there are risks inherent in any activity. The same factors that contribute to enjoying an activity may also cause damages, accidental injury, illness or, in extreme cases, serious injury or death. Having acknowledged that general risks exist, I specifically accept and assume the following specific risks that may arise in participating in Dollywood's SkyZip tour (the y"); (a) my participation in the Activity may result in accidents, injury, serious injury and/or death; (b) such injuries or accidents may occur in places where there are no immediately available medical facilities; (c) during the Activity I may experience fatigue, extreme heat, chill and/or so which may diminish my reaction time and that of others and may therefore increase the risk of accident; (d) changing weather, fog, rain, now and/or other conditions, slippery trails and/or roads, falling rocks, and erosive cliff edges through or near which I will be walking and/or g, and (e) my own inability to properly participate in the Activity or to follow rules and directions concerning the Activity and unforeseeable may all contribute to the chances of accident and/or injury. INITIAL ()				
2.	participati safety req follow rul	ion in the Activity, quirements for part les and guideline I will abide by all I will not make a a Dollywood em I will not intentio	that I am physically and icipating in the Activity is for participating in the Instructions provided by adjustments to my ployee the Impact of	d mentally capable of particity voluntarily and of my own from the activity, including but do me by Dollywood emprequipment, and I agree the or invert myself while on	ipating in the Activity, that I will comply with all of the instructions and ree will. I acknowledge that I will be required to listen to and not limited to the following: uployees hat all adjustments will be made only by or with the assistance of the zipline	
3.	Dollywood requireme	d may terminate ments or the rigors o	ith at least one hand at all times while zipping INITIAL () at Dollywood reserves the right, in its sole discretion, to refuse to permit me to participate in the Activity, and that my participation in the Activity if it believes me to be incapable of following the instructions or meeting the safety of participating in the Activity. I specifically agree to release Dollywood from any liability if I am prevented from for any reason whatsoever. INITIAL ()			
4.	-		is Release cannot be en		INITIAL () bund to be unenforceable shall be severed from the Release and the	
5.	INITIAL () I hereby agree to assume full responsibility for myself and anyone else over whom I am legal guardian, for bodily injury, death or damages incurred as a result of my participation in the Activity. I further agree to defend, indemnify and hold Dollywood and their affiliates, agents, employees, officers, and owners harmless from any liability WHATSOEVER for any bodily injury, death, loss of personal property or expenses resulting from participation in the Activity.					
					s agreement or as a result of my participation in the Activity sha	
be c	commence	ed in a competent	t state court in Sevier	County in the State of Ter	nnessee. INITIAL ()	
I hav	ve read an	d understand and	hereby accept the term	s and conditions stated in the	· ·	
Cus	tomer Sign	nature:		Date:		
Prin	t Name:_					
	gal Guardian Signature if Customer under 18					

Date:____/____

Print Legal Guardian Name:_____