

EACH PERSON MUST TURN IN THIS FORM TO BE ALLOWED TO PARTICIPATE IN ANY SKY RANCH ACTIVITIES.

SKY RANCH RELEASE FORM

PARTICIPANT AGREEMENT, ASSUMPTION OF RISK, AND RELEASE

WHEREAS, the undersigned wishes to voluntarily participate in any activity conducted by SKY RANCHES, Inc.:

The undersigned acknowledge (s) that during the activities in which the participant voluntarily wishes to participate, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (ground to 75 feet), accident or illness in rural location without medical facilities on site, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and injury not excluding fatality due to other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants and animals. I further understand that medical treatment will be one to two hours away in the event of a medical emergency.

In consideration of, and as part of payment for the right to participate in such a program and the services arranged for me by Sky Ranches, Inc., its Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold Sky Ranches, Inc. and its Agents harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever may arise from or in connection with the program or participation in any other activities arranged for me by Sky Ranches, Inc., its Directors, Officers, Employees, Agents, and/or Associates, and their heirs, executors, and administrators. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, and administrators, successors, and assigns and for all members of my family, including minors accompanying me. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that any physical activity involves risk of injury. I also understand that my participation in this program is entirely voluntary.

Guests need to be able to wear appropriate safety gear to participate High Ropes Course Activities.
 Anyone with any of the following conditions (but not limited to) should not participate in High Ropes/Horseback activities:

- ^ Pregnant or recent surgery
- ^ Back, neck or shoulder problems
- ^ Heart condition
- ^ High blood pressure
- ^ Recently suffered a severe injury

Holy Trinity Greek Orthodox
 Retreat Group Name

10/12/2007 - 10/14/2007
 Retreat Dates

Print Participant Name _____
 Age (if under 18) _____

Signature of Participant (if over 18 yrs. old) _____

Parent/Legal Guardian (must sign for all persons under age 18) _____