

**The Wesley Center – Ropes Course with Climbing Tower and Zip Line Activities  
Release of Liability & Assumption of Risk Agreement**

**Assumption of Risk:** Participation in the Ropes Course with Climbing Tower and Zip Line carries certain inherent risks regardless of the care taken to avoid injury. Risks may be affected by variable factors such as the weather, course condition, and conduct of participants. Injury risks range from: 1) minor injuries such as scratches, bruises, bumps, and sprains, to 2) major injuries such as broken or sprained joints, tendons, ligaments, legs, or arms, other limb injury or loss of use, and concussions, to 3) catastrophic injuries such as paralysis and death. The participant or parent/guardian (if under 18 years of age) fully understands the risks. In any event, the participant or parent/guardian accepts, assumes, and undertakes all risks. The participant agrees to use sound judgment in undertaking the Ropes Course with Climbing Tower and Zip Line and to follow instructions, whether oral or written. The participant agrees that participation in the Ropes Course with Climbing Tower and Zip Line is voluntary. The participant or parent/guardian has read this paragraph carefully in its entirety and knows, understands, accepts, and voluntarily assumes all risks arising out of or relating to participation in the Ropes Course with Climbing Tower and Zip Line.

In consideration of my use of the Ropes Course with Climbing Tower and Zip Line Activities, I, \_\_\_\_\_, the undersigned user agrees to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Louisiana Conference Center dba Wesley Center, its officers, agents, volunteers, and employees from any cause of actions, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the Wesley Center on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Ropes Course with Climbing Tower and Zip Line whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of the Wesley Center, its officers, agents, volunteers, or employees.

In consideration of my use of the Ropes Course with Climbing Tower and Zip Line, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the Wesley Center, its officers, agents, volunteers, and employees from any and all causes of actions, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use of the Ropes Course with Climbing Tower and Zip Line.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Ropes Course with Climbing Tower and Zip Line and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Ropes Course with Climbing Tower and Zip Line and that by this agreement the Wesley Center is RELEASED of any and all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the Ropes Course with Climbing Tower and Zip Line. **I understand that the minimum weight for the zip line is 60 lbs. and maximum is 250 lbs.**

I further certify that my date of birth is \_\_\_\_\_ (month/date/year), that my present age is \_\_\_\_\_, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after I have carefully read it, of my own free will.

I have read this release of liability and acknowledge and agree to be bound by the terms of this document.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Emergency Phone #

If the participant is under the age of 18, a parent's or legal guardian's signature is required.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date