BUNGEE MASTERS, INC. d.b.a. BUNGEE.COM, LLC PARTICIPATION AND RELEASE FROM LIABILITY AGREEMENT

CAUTION: Please read this agreement carefully. By signing this agreement, you are voluntarily giving up certain valuable legal rights to sue Bungee Masters, Inc. for any personal injuries or death you may suffer as a result of the training, equipment or supervision provided in connection with BUNGEE JUMPING or ZIP-LINE activities. WARNING: THE ACTIVITY/SPORT OF BUNGEE JUMPING COULD CAUSE:

SERIOUS INJURY OR EVEN DEATH

If under 18 years old please print the name of your parents or guardians:	If participant is under 18 years old)
DATE: / / Signature of Participant	Signature of Parent/Guardian
I testify that I am physically fit, and am not under the influence of drugs, alcohol or medication of an agreement is a contract pursuant to which I have released any and all claims against Bungee Master owners of the bridges, land or other facilities, resulting from my participation in bungee jumping caused by the negligence of Bungee Masters, Inc. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENT AFREE WILL. I FURTHER CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. (IF YOU AR LEGAL GUARDIAN MUST SIGN AND DATE THIS SECTION.)	<u>rs, Inc.</u> , its employees, instructors, agents, the or any related activities, including any claims AND SIGN IT VOLUNTARILY OF MY OWN
10. PHOTO & IMAGE RELEASE. I hear-by grant and release to Bungee.com, I images of me or my likeness captured on film, digitally or electronically while on the bungee bridge, locations where my image or photo might have been captured by bungee.com or any other person(s) by any of my heirs or agents that the use of my images might allow. These rights are granted for pe both here in the United States of America or any other place or legal jurisdiction on planet Earth. broadcast, Internet or any other format at the sole discretion of Bungee.com, LLC or any of its agent	zip-line tour, adjacent property or any other. I grant & release any claim myself or claims erpetuity from the date of this release forever I understand my image may be used in print,
——————————————————————————————————————	(Initials)
9. SEVERABILITY. If any provision of this agreement is held to be invalid nevertheless continue in full force and effect.	(Initials) d or unenforceable, all other provisions shall
8. MEDICAL EXPENSES. I will pay my own medical emergency expense event of any incident/accident, illness or incapacity, regardless of whether I have otherwise authorized	ses and all subsequent medical expenses in the
want insurance of any kind, I must furnish my own.	(Initials)
7. INSURANCE DISCLAIMER. I understand that Bungee Masters do or liability, for any incident which may arise as a result of my participation in bungee jumping, zi	oes not provide any insurance, either medical
agreement shall continue in full force and effect at all times, and shall be binding upon my heirs, estate. the agreement shall be effective not only for my first bungee jump or zip-line tours, but a related activities in any way associated with Bungee Masters.	,
	(Initials) ge that the terms and conditions of this
5. INDEMNITY & LEGAL PROCEEDINGS. I agree for myself and my to indemnify and hold harmless Bungee Masters from any and all losses, liabilities, claims, expens may be initiated by myself or any other person or organization. This includes and entitles Bungee Masters and other person or appeal thereof, which may arise directly or indirectly from bungee jumping/zip	es, actions or proceedings of any kind which Masters to recover and reimbursement for all ner indemnified parties, for the defense of any line tour or any related activities.
which I, my heirs, executors, administrators or assigns may have by reason of injury to myself or my line tours or any related activities.	y property arising from bungee jumping, zip- (Initials)
4. COVENANT NOT TO SUE. I agree for myself and my heirs, executors, action at law, or otherwise, against Bungee Masters, nor to initiate or assist the prosecution	dministrators and assigns, not to institute any
3. EXEMPTION FROM LIABILITY. I hereby fully and forever waive, rel and all loss, liability, claims, expenses, demands, actions, and causes of action whatsoever arising out any way resulting from personal injuries, conscious suffering, death or property damage sustained limbing, falling, ascending, bungee jumping, zip-line tours or any other related activities. Exemptio expenses, damages or injury resulting from the negligence of Bungee Masters or from any other causes.	of any damages, both in law and in equity, in by me arising out of training, bridge walking, on from liability includes loss, liability, claims,
instruction or expertise can eliminate. I understand the scope, nature and extent of the risks involved any and all such risks.	d and voluntarily and freely choose to assume(Initials)
2. ASSUMPTION OF RISK. I am fully aware that bungee jumping, zindangerous sport and contains inherent risks and dangers (including, but not limited to, serious injuries).	ry or death), that no amount of care, caution,
1. PARTIES INCLUDED. I understand that this agreement includes Bun agents, the owners of the bridge, land, property and adjacent property owners, or other facilities us referred to in this agreement as Bungee Masters).	sed for bungee jumping activities (hereinafter
In consideration of Bungee Masters, Inc. allowing me(Please prequipment and to participate in bungee jumping, zip-line and any related activities, I agree with Bungee jumping, zip-line and any related activities, I agree with Bungee jumping, zip-line and zip-line zip-l	rint your name) to utilize the facilities and gee Masters, Inc. that:
<u>Please read and fully understand each provision of this agreement</u> and so indicate by initialing each p please sign, initial and date this form in all designated spaces.	rovision in the space provided. Additionally,
Please read and fully understand each provision of this agreement and so indicate by initialing each n	rovision in the space provided Additionally



BUNGEE MASTERS INC. P.O. Box 121 Fairview, OR 97024 (503) 520-0303

Harri Ald war FIND Drawage M.	a a4 a ma?			(DSC member)	
How did you <i>FIND</i> Bungee Ma					
Name:(Last)	(First)	(m.i.)	_Age:		
Mailing Adress:					
g : 201 000.	(str	reet/city/state/zip)			
Home Phone:#		Work Phone:#			
Employer:		Occupation:			
Spouse's Name:		Your Weight:	(Gross Tor	nnage)	
Email:		Have you Jumped	with us before? Y	ES NO	(D.S.C.)
I herby certify that I am not may affect my judgment and/o for any physical, emotional, or	or decision mal	king. I further certify tl	hat I am not awai	re of or now under not limited to:	
			Yes	No	
1. Cardiac and/or pulmonary	condition or di	sease			
2. High blood pressure	cluding epileps	y			
2 /					
4. Neurological disorders	problems				
4. Neurological disorders 5. Chronic back and/or neck p 6. History of aneurysm					
4. Neurological disorders 5. Chronic back and/or neck p 6. History of aneurysm 7. Pregnancy		al illness			
 Faint spells, convulsions, in Neurological disorders Chronic back and/or neck p History of aneurysm Pregnancy History of psychological dis Dated on the day of	sorders or ment		, 2010		

Signature: