



VISITOR AGREEMENT

In consideration of the services to be provided by SOAR, Cedar Lake LLC and Cedar Lake Camp, Inc., their officers, agents, employees, stockholders, and all other persons or entities associated with the above named (hereinafter collectively referred to as "Cedar Lake/SOAR") I agree as follows:

Although SOAR has taken reasonable steps to provide you with appropriate equipment and skilled instructors, so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your property, accidental injury or illness or in extreme cases, permanent injury trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of those risks:

Ropes course, teambuilding and leadership development activities which include: the possibility of slips and falls; rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards. An outdoor environment has inherent hazards such as inclement weather, cold, heat, rain, snow and other hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases and ailments.

I am aware that being present at these activities entails risks to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of these risks.

I certify that I am fully capable of being present and participating in these activities. Therefore, I assume full responsibility for myself and any and all minor children accompanying me, for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in these activities.

I hereby grant my permission for SOAR to use any photograph, film, videotape, likeness, or sound recording of me for any legitimate business purpose.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, estate and for all members of my family, including any and all minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by Cedar Lake/SOAR including those made in its brochures or other promotional material, to induce me to participate in this activity.

Please inform Cedar Lake/SOAR on the back of this sheet and verbally, of any conditions, medical or otherwise that you feel we should be aware of.

Signature: _____ Print Name: _____

Organization: _____ Date: _____

PARENT / GUARDIAN AGREEMENT

I agree with the above and I authorize Cedar Lake/SOAR to call for medical care for the above named minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree that once that minor is in the care of medical personnel, medical facility or hospital, Cedar Lake/SOAR shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation incurred by Cedar Lake/SOAR.

If under 18, signature
of parent or guardian: _____ Print Name: _____