

Signature is also needed on reverse side of this sheet!

RAFTING - High School ONLY !!!

Activity Time: _____
 # in Party: _____
 Activity Type: _____

For NOC use only
 Rav Party Name: _____
 Account Number: _____

NANTAHALA OUTDOOR CENTER, INC
PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
*****READ BEFORE SIGNING*****

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASERS or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS NANTAHALA OUTDOOR CENTER, INC., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, the United States, Tennessee Valley Authority, Southeast Local Development Corporation, the State of Tennessee and, if applicable, owners and lessors or premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASERS OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ALSO UNDERSTAND THAT I SHOULD NOT AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF I AM UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

DATE _____
 PARTICIPANT'S SIGNATURE _____
 STREET ADDRESS _____
 CITY ST ZIP _____
 PRINTED NAME OF PARTICIPANT _____
 E-MAIL ADDRESS (optional) _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF EVENT)
 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASERS, to the fullest extent permitted by law.

DATE _____
 SIGNATURE OF PARENT OR GUARDIAN _____
 PRINTED NAME _____
 PARTICIPATING MINOR'S DATE OF BIRTH _____
 PARTICIPATING MINOR'S AGE _____
 032807

PAINTBALL

NATIONAL SPORTS ENTERTAINMENT & RECREATION ASSOCIATION
 Industry Insurance Programs • www.nsera.com/paintball

Hom's Creek NOC Resort Inc. = HCNOC Phone: (800) 864-2856

READ CAREFULLY
WAIVER AND RELEASE OF LIABILITY

In consideration of HCNOC furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

- I fully understand and acknowledge that: (a) risks and dangers exist in my use of paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of HCNOC; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of HCNOC, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify HCNOC and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of HCNOC. This waiver is good through 3/1/2009.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for HCNOC to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE HCNOC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name _____ Age _____ Date of Birth _____ Phone _____
 Signature _____ Address _____ City, State Zip _____
 Signature of Parent/Guardian (if less than 18 years old) _____ E-mail _____
 Date: _____

Attention! Signature is Required at all X Marks! Signature is also needed on reverse side of this sheet!

HORN'S CREEK

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In Consideration of the services of Horn's Creek NOC Resort Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HCNOC") I hereby agree to release, indemnify, and discharge HCNOC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative., and estate as follows:

1. I acknowledge that outdoor adventure based activities such as ropes or challenge course activities or water based recreational activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks Include, among other things: This program is based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities and its potential for: slips and falls and falling; rope burns; accidental drowning, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, oncussions, or stings, allergies, and associated diseases.

Furthermore, HCNOC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate fully aware of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HCNOC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HCNOC's equipment or facilities, including any such claims which allege negligent acts or omissions of HCNOC.
4. Should HCNOC or anyone acting on their behalf, be required to incur legal fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I assume the risk of any medical or physical conditions I may have.
6. In the event that I or my representative files a lawsuit against HCNOC, I agree to do so solely in the state of Tennessee, and I further agree that the substantive law of Tennessee shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HCNOC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant X _____ Print Name _____
Address _____
Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by HCNOC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HCNOC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: X _____ Print Name: _____ Date: _____

Attention! Signature is Required at all X Marks!
Signature is also needed on reverse side of this sheet!

L.H.B.C. ANNUAL MEDICAL FORM
January 1-December 31, 2009
(Please Print and return to church office or fax it to 824.4506)

Name _____ Birthdate _____ Grade _____
Address _____ School _____
City/State/ZIP _____ Home Phone _____
Student's cell phone _____ Student's Social Security # _____
Student's e-mail _____
Parents' Names _____ Parents' Work Phone _____
Mother's cell _____ Father's cell _____

MEDICAL INFORMATION

Family Physician _____ Phone _____
Address _____ Emergency Phone _____
Insurance Company _____ Policy # _____
Member's Name _____ Ins. Company Phone # _____
Allergies _____
Medication being taken _____
Physical Handicaps or Special Conditions _____

MEDICAL AND SURGICAL WAIVER

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Long Hollow Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Long Hollow Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Long Hollow Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Signature of Parent or Guardian

Date