PARACLETE XP SKYVENTURE RELEASE AND WAIVER OF LIABILITY



PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT, YOU ARE GIVING UP LEGAL RIGHTS.

In consideration for being permitted in SKYVENTURE and related activities (collectively, "activities")

NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
PHONE:		AGE:	
EMAIL:	(Please check	here if you DO NOT want to receive our newsle	tters or promotions)
Conducted by Paraclete XP SkyVenture LLC., I		hereby agree as follow	ws:
including but not limited to, the use of the erisk of personal injury, death or disability t	nd/or my child/ward equipment, facilities, o me and/or my child ld/ward may incur. I	Name of Adult I is voluntarily participating in the activities offe and premises. I am assuming, on behalf of mysel I/ward that might result from said participation understand that the SKYVENTURE facility with as inherent risks.	If and/or my child/ward, all , or any damage, loss or theft
assigns to hold Paraclete XP SkyVenture, Li members, as well as the property owner ar comprising the SKYVENTURE Facility (colle and/or my child's/ward's participation in t I expressly release and discharge Releases damage, loss, personal injury or death to m use of the vertical wind tunnel, receiving in valid and effective whether the damage, los cause. This Waiver and Release of all liabili of the facility or its improper maintenance,	of myself and/or my LC and its affiliates, in the tenants of the propectively, the "releases the SKYVENTURE Factor of any and all lial are and/or my child/wastruction, strenuous as or death is a result ty includes, without l(b) use of any equiping the struction of the control	child/ward and my/their personal representatinstructors, officers, directors, agents, employees perty and the owners, manufacturers and installer") harmless from any and all claims or causes	ve, successors, heirs, and a designers, licensors, and ers of the equipment of action arising out of my natsoever arising out of any ncluding without limitation, and conditions. This release is eases or from any other may occur as a result of (a) use oper maintenance of any
child's/ward's name, face, likeness, voice a without reservation or limitation. I ACKNOWLEDGE THAT I HAVE CAREFUL ALL LIABILITY AND A WAIVER OF ANY R LEGAL ACTION OR ASSERT A CLAIM FOR ATTEMPT FOR CLAIM IS MADE, I UNDER LLC/PARACLETE XP SKYVENTURE, LLC/	e, LLC. the right to ph nd appearance in con LLY READ THIS WAI RIGHT THAT I MAY H RINJURY OR LOSS OF STAND I WILL BE R WAND VENTURE PRO	otograph, videotape, and/or record me and/or mection with exhibitions, publicity, advertising, where the second record with the second record and second record rec	and promotional materials O THAT IT IS A RELEASE OF ILD/WARD TO BRING A ITURE, LLC. IF ANY RRED BY SKYVENTURE,
Signature of Participant	Date	Employee/Witness	Date
of myself and my child/ward, to the terms as result of any action by my child/ward includi	stated above. I will fu	9	l agree, on behalf incurred as a
Signature of Parent/Legal Guardian	Date	Employee/Witness	Date
Name of Child Participant	Age	Name of Child Participant	Age
Name of Child Participant	Age	Name of Child Participant	Age

As part of our core procedures, we will continue to disinfect our flight gear after every flight. This includes, but is not limited to, helmets, goggles, footwear and other flight equipment with anti-viral and anti-bacterial cleaners. Our earplugs are designed to be one-time-use and suits are laundered with CDC recommendations and manufacturers guidance in mind. Hand sanitizer and hand washing stations can be found throughout our facility and should be used as recommended.

All guests that may fall into one of the following categories are kindly asked to reschedule their flights to another date:

- 1) Guests who currently or within the past fourteen days have experienced any symptoms associated with COVID-19, flu-like or respiratory symptoms.
- 2) Guests who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or a health care team responsible for their treatment.

I, and Participants undersigned on my waiver, understand and agree that:
Paraclete XP SkyVenture cannot guarantee that its participants, spectators, staff or others in attendance will
not become infected with COVID-19 and, I, willingly engage in Paraclete XP Sky Venture's activities and
knowingly and freely assume all such risks related to illness and infectious disease, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and hereby knowingly assume the risk of injury,
harm and loss associated with the activity.

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