



**Risk Acknowledgment & Disclaimer**

**THIS IS AN IMPORTANT DOCUMENT THAT YOU MUST READ AND SIGN**

If you are 18 yrs or over and are not supervising anyone under the ages of 18 yrs please read and sign.

1. I wish to participate in the ropes course activities at Vertigo Adventures – Stanborough Park and I understand ALL tickets are **non-refundable**.
2. For my own safety I confirm I weigh equal to or below **120kg** and reach a height of at least **1.4m** for the Hawks View & Flying Fox Zip or reach a height of at least **1m** for the Monkey Trail, Crazy Climb & Plummet.
3. I agree to wear all safety equipment issued by Vertigo Adventures Instructors.
4. I confirm that I am **not** under the influence of **alcohol and/or drugs**.
5. I understand that I may be immediately removed from the course and/or prohibited from taking part in the activities if I am considered unsafe to do so in the company’s reasonable opinion.
6. I agree that I will undertake the activities in accordance with any written safety rules and advice that I have received with this document, together with the oral instructions and advice to be given to me by the instructors both before and during the activities. If I do not **follow the instructions** as a result of disobeying or disregarding those instructions and I suffer loss, damage or injury I will not hold the company or its employees and agents liable. For the avoidance of doubt, neither the company nor its employees will be liable for any direct or indirect loss, damage or injury arising in any form whatsoever due to disobeying or disregarding instructions given to you.
7. I understand that the activities consist of a substantial and physically testing aerial obstacle course. I accept that there is a risk of injury when undertaking the activities and **I accept this risk**. I confirm that **I am physically fit** and to the best of my knowledge certify that I am **not pregnant** and I have not suffered or currently suffer from any **medical condition** which might have the effect of increasing the likelihood of an incident arising which could result in injury to me or others. **Please notify a staff member of any known conditions.**

*PLEASE NOTE by signing this document you are acknowledging that you have read understood and agree to ALL 7 points within this document.*

**DATE:** \_\_\_\_\_.

NAME	SIGNATURE	NAME	SIGNATURE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**Please let us know how you heard about us:** \_\_\_\_\_.

**Email Address:** \_\_\_\_\_.

We would like to use your email address to inform you of upcoming events, activities and  offers at Vertigo Adventures which we feel you might be interested in. **If you wish to receive this information, please tick this box**