Free Fall / Outdoor Zipline /Sky Swing / Shadow Zipline

EXTREME ACTIVITIES CONSENT FORM

1. I hereby certify that I do not have any medical concerns that would increase the risk of accidents or cause harm to myself or others, such as: high blood pressure, heart disease, cerebral hemorrhage, asthma, congenital epilepsy, pregnancy, osteoporosis, severe myopia (not including corrected vision), mental and physical illnesses, habitual dislocation, intoxicated behavior or obvious lack of sobriety, recent surgery, or other sudden illnesses that would prevent me from participating.

2. Due to safety reasons, children under 10 years old or adults over 65 years old, those weighing less than 30kg or over 110kg, or those with a height under 120cm may not participate. For children that are between 10-18 years old, parental consent and full adult supervision are required.。

3. I understand that participation in the facilities involves physical and emotional challenges, and I accept the potential risks and dangers associated with this activity.

4. I have read and understood the facility's user instructions and safety guidelines. Participation may cause physical injuries and damage to clothing。

5. Proper footwear that fully covers and securely fits the feet must be worn during the activity. To ensure smooth and safe operation, instructors are authorized to assist participants with sliding and landing procedures.。

6. I hereby acknowledge and agree that, during the process of equipment fitting and participation in the activity, staff members may, when necessary, have physical contact with me as required by service procedures and activity needs. I confirm that such contact will be limited to professional actions directly related to the activity purposes, and I agree to cooperate with all related procedures.

- For participants under 18 years old, a parent or legal guardian must sign the consent form to indicate their agreement.

- I declare that if I am not the parent or legal guardian of the child, I have been authorized by the child’s parent or legal guardian to sign this consent form on their behalf, allowing the participant under 18 years of age to take part in the facility activities.
- The participant list will be provided by the booking unit. will issue wristbands for authorized participation. The booking unit is responsible for ensuring that all participants comply with the Extreme Activity Participant Risk Acknowledgement regulations and for distributing wristbands accordingly, in order to ensure safety.

Please complete the Risk Acknowledgement Form clearly. Once signed, this agreement shall be deemed effective and legally binding.

Date of Entry: _____ YYYY/MM/DD) Group Name: _____

I have read and understood the above information and agree to allow my child/ward <as listed in the participant form> to participate in the above-mentioned activities.
<For participants under 18 years old> Signature of Parent/Legal Guardian:

_____

Class	Participant Name	Date of Birth (YYYY/MM/DD)	Consent Y (✔) / N (✘)