

MAMMOTH VALLEY PARK

Acknowledgement of Risk, Release, and Medical Authorization

A. Acknowledgement of Risk - I, as the adult participant or parent or guardian of a minor, understands and acknowledges that the rides and activities at Mammoth Valley Park have certain inherent risks and hazards and that it is possible that I, my child, or ward may be subject to serious or fatal injury from a ride or activity at Mammoth Valley Park, and that no form of pre-planning can eliminate all dangers that I, my child, or ward may be exposed to, including, but not limited to, natural and man-made obstacles and hazards, changing weather conditions, possible equipment failure or malfunction, the participant's negligence or negligence of others, and the participant's own physical or health conditions that may diminish reaction time and risk of accident.

The adult participant or parent or guardian understands that these risks are not complete and that unknown or unanticipated risks may result in injury, illness, or death.

B. Release - For and in consideration for the services provided by Mammoth Valley Park, the adult participant or parent or guardian waives and releases all claims, present or future, for damage, injury, disability, death, or loss to the adult participant's or child's/ward's property which may be caused by an act of Mammoth Valley Park, its employees, agents, or persons acting on behalf of Mammoth Valley Park, and agrees not to sue for relief arising from such claims. By executing this document, the adult participant or parent or guardian agrees to hold Mammoth Valley Park, its employees, agents, or persons acting on behalf of Mammoth Valley Park, harmless and indemnify them with regard to any injury, disability, death, loss, or damage to person or property that may occur as a result of engaging in rides and activities at Mammoth Valley Park.

C. Medical Authorization - Mammoth Valley Park, its agents, and employees, have my permission to take action for me the adult participant or parent or guardian of the child or ward in any emergency situation (medical, financial, legal, etc.) - the urgency of which is at the discretion of Mammoth Valley Park. The undersigned also authorizes Mammoth Valley Park, its agents, and employees, to arrange for such medical treatment or hospitalization for me, my child, or ward without further consent and the undersigned agrees to pay for all costs associated with such medical care and related transportation for me, my child, or ward.

I have carefully read the foregoing Acknowledgement of Risk, Release, and Medical Authorization. I understand the contents of this document and sign it voluntarily with full knowledge of its significance.

Signature of Adult Participant

Name of Adult Participant (please print)

Date

Signature of Parent or Guardian

Name of Parent or Legal Guardian
(please print)

Date

Name of Minor Child or Ward (please print)

Address: _____

Phone No. _____

Emergency Contact: _____

Phone No. _____

Email (optional): _____