

Liability Release/Contract to Provide Service

WHEREAS: It is my desire that _____ (name of participant)
(hereafter referred to as "participant") should participate in activities as defined herein. AND

WHEREAS: Ozark Caves & Caverns, LLC is willing to provide services as defined below: AND

WHEREAS: The person signing this contract is of legal age and has and does assume the right to enter into a contract for the above named "participant" and does wish and desire to enter this contact.

THEREFORE: By this document, a contract is to be created between Ozark Caves & Caverns and _____ (guardian or participant of legal age), with the following terms and conditions:

- 1 Ozark Caves & Caverns will provide, for compensation received, an "adventure experience" that is intended to expose the above named person to risks that could result in loss of life, sight, limb, paralyses, or otherwise broken bones, scrapes, and/or other damages.
- 2 The term of the contract will be on or near, but not limited to, _____ (date of trip)
- 3 By signing below, the participant and/or a person signing on his/her behalf, does demonstrate his/her understanding of the contract, all potential risks involved, and therefore does agree to hold harmless and release from liability Ozark Caves & Caverns, its assigns, heirs, employees, land owners, or other persons related to Ozark Caves & Caverns or related in any way to any property the "adventure" is held, from any legal action that could result from any participation of any activities on or around the date listed above.
- 4 By signing below, the person does demonstrate their understanding that, if an accident or injury does occur, it will be proof that the contract has been fulfilled and therefore, in keeping with this contact, no compensation of any type or in any way would ever be due any defendant in any action that could be taken.
- 5 By signing below I do acknowledge that I have read and fully understand this contact/release of liability, that I am of legal age, and that I have the right to contract for the person named herein in "participant".

Signature _____ Date _____

Signature of Ozark Caves & Caverns Representative _____ Date _____

Since we are exposing you or your child to risks, we have everyone sign one of these contracts/liability release forms. Now you know who would be liable if we ever have any injuries.

Name	Any Medical Condition	Age	Phone #
_____	_____	_____	_____

Name Address of Emergency Contact	Phone #
_____	_____