

ASSUMPTION OF RISK & RELEASE OF CLAIMS

MINOR PARTICIPANTS – TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

THIS IS A VERY IMPORTANT DOCUMENT. YOU MUST READ IT BEFORE SIGNING. THIS DOCUMENT CONTAINS A RELEASE OF CLAIMS. IF YOU SIGN IT, YOU WILL BE RELEASING THE COMPANY FROM ALL CLAIMS YOU AND ANY CHILDREN YOU SIGN FOR MAY HAVE.

1. I, the identified Primary Signer, am the parent and/or legal guardian of the identified dependent(s) listed above (the "Child(ren)") who is/are under 18 years old and at least 10 years old. If I am not the parent and/or guardian of the Child(ren), I am authorized by Child(ren)'s parent(s) and/or legal guardian(s) to act on their behalf and that of such Child(ren), including signing this Assumption of Risk and Release of Claims. I wish that such Child(ren) participate in the Adventure Park (the "Activity") organized by Canopy Adventure Park LLC on the Activity date of the Child(ren)'s booking reservation. As used herein, Canopy Adventure Park LLC, its parents and its subsidiaries, and/or their affiliates shall be referred to collectively as the "Company" or "Canopy."

In consideration of the Child(ren)'s participation in the Activity, I agree to the following:

2. I certify that I am at least 18 years old and am aware of the weight, height, and medical restrictions and confirm that the Child(ren) is/are at least 4'9", weigh no more than 265 pounds and is/are in reasonably good medical condition. I understand that failure to abide by these restrictions can create a significant increase of risk of harm to the Child(ren), other participants, and employees of Canopy.

3. I understand that participation in the Activity exposes the Child(ren) to certain risks. The risk of personal and property injury, including permanent disability and death exists by reason of the potential for falls, collisions and contact with other participants and fixed objects, moving about the Activity grounds, exposure to the elements, heart attacks, negligent acts of Canopy, latent or apparent defects or conditions of equipment supplied by Canopy, failure of structures and equipment, unpredictable forces of nature, and otherwise. A number of these risks are inherent in nature and cannot be changed without changing the essential nature and educational and other values of the Activity. I understand that the description of risks is not complete and that other known and unknown risks may result in injury, illness or death.

BY EXECUTION OF THIS AGREEMENT, I ACKNOWLEDGE MY UNDERSTANDING OF THE RISKS OF THE ACTIVITY, AND ITS NATURE AS A PHYSICALLY TESTING AERIAL OBSTACLE COURSE. I UNDERSTAND THAT THIS IS A HIGH-RISK ACTIVITY AND THAT THE CHILD(REN) MAY SUFFER PERSONAL INJURY INCLUDING DEATH. ON BEHALF OF MYSELF AND THE CHILD(REN), I KNOWINGLY AGREE TO ACCEPT AND ASSUME ALL RISKS AND LIABILITIES ASSOCIATED WITH THE ACTIVITY, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CANOPY.

4. I agree to allow the Child(ren) to participate in the Activity only to the extent of their respective skill level(s) and physical and medical condition(s). I have investigated and am familiar with the nature of the Activity and acknowledge that I am solely responsible for determining which portion of the Activity, if any, such Child(ren) can participate in based on these and other factors. Such Child(ren) does/do not have a pre-existing injury or underlying physical or medical condition that would increase the likelihood of injury, illness or death as the result of participation.

5. I agree that Canopy shall not be responsible for the safety of the Child(ren) or that of his/her possessions while undertaking the Activity. I understand and agree that they will not be supervised by any Company personnel during the Activity or otherwise. I acknowledge that the Child(ren) are responsible for adhering to Canopy's written Safety Rules of Participation, which are available online. I represent that the

Child(ren) is/are participating in the Activity freely and that the Activity is elective in nature, and I have the ability to simply choose not to permit the Child(ren)'s participation.

6. On behalf of myself and the Child(ren), I grant to Canopy the right to take photographs/videos of the Child(ren) in connection with their participation in the Activity, and convey all right, title and interest in and to the same to Canopy. I authorize Canopy to copyright, use, and publish the same in print and/or electronically, and agree to its use for any lawful purpose, including but not limited to publicity, illustration, advertising, and web content. I authorize Canopy to use my email for promotional and other commercial purposes unless and until I opt-out by writing to info@canopyadventurepark.com. I have read and agree to Canopy's privacy policy available at <https://www.canopyadventurepark.com>.

7. ON BEHALF OF MYSELF AND THE CHILD(REN), OUR HEIRS AND PERSONAL REPRESENTATIVES, I HEREBY RELEASE CANOPY, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AFFILIATES, SUBSIDIARIES, PARENT COMPANIES, SUCCESSORS, LANDOWNERS, PARK ENTITIES, AND THE COUNTY OF POWHATAN, VA AND ITS COMMISSIONERS, AGENTS, REPRESENTATIVES, CONTRACTORS, ELECTED OFFICIALS, APPOINTEES, EMPLOYEES, AND ASSIGNS ("RELEASEES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, AND EXPENSES, INCLUDING ATTORNEY'S FEES AND COSTS, ARISING FROM THE RELEASEES' NEGLIGENCE AND/OR SUCH CHILD(REN)'S PARTICIPATION IN THE ACTIVITY AND/OR PRESENCE ON COMPANY PROPERTY/COURSE AREA INCLUDING ANY PHYSICAL OR EMOTIONAL INJURY, INCLUDING DEATH.

8. ON BEHALF OF MYSELF AND THE CHILD(REN), OUR HEIRS AND PERSONAL REPRESENTATIVES, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, AND EXPENSES, INCLUDING ATTORNEY'S FEES AND COSTS, ARISING FROM THE RELEASEES' NEGLIGENCE AND/OR THE CHILD(REN)'S PARTICIPATION IN THE ACTIVITY AND/OR PRESENCE ON COMPANY PROPERTY/COURSE AREA INCLUDING ANY PHYSICAL OR EMOTIONAL INJURY, INCLUDING DEATH.

9. This Assumption of Risk and Release of Claims Agreement shall be governed under the laws of the State of Virginia. Any legal action arising hereunder shall be brought and decided exclusively by the Courts situated in Powhatan County, Virginia. If the Court finds any provision of this Agreement, or portion thereof, to be unenforceable, that provision of the Agreement will be enforced to the maximum extent permissible so as to effectuate the intent of the parties, and the remainder of this Agreement will continue in full force and effect.

Participant First Name

Participant Last Name

Medical Conditions / Current Injuries (list all):

Current Medication (list all):

Parent or Guardian First Name

Parent or Guardian Last Name

Parent or Guardian Signature

Date