AGREEMENT TO PARTICIPATE; ASSUMPTION OF RISK AND RELEASE OF LIABILITY

PLEASE READ THOROUGHLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT, PLEASE CONSULT AN ATTORNEY OF YOUR CHOICE.

WHEREAS, THE UNDERSIGNED (the **APPLICANT**) wishes to be accepted for participation in the Challenge Course Experience aka the "Ropes Course" organized and conducted by People Inc.

In consideration for People Inc's consent to allow the Applicant to participate in such program: The undersigned acknowledge(s) that the Challenge Course Experience is a dangerous activity and that personal injury(s) may occur. These include, but are not limited to, falling from heights (ground to 50 ft.), accident or illness without medical facilities, exposure to the forces of nature, burns, sprains, broken bones, concussions and death. The undersigned further understands that in participating in the activities, I will be exposed to the elements of nature, including temperature extremes and inclement weather. I further understand that medical treatment may be several hours away in the event of a medical emergency.

I certify that I am completely healthy (both physically and mentally) and capable of participating in this Challenge Course Experience. I have listed on the Health Statement Form my medical condition that People Inc should be aware of which may hinder my participation in the experience. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the experience.

The undersigned, for himself/herself, and his/her heirs, successors and assigns, does hereby remise, release and forever discharge People Inc., of Sequoyah County, it's agents, servants, employees, contractors, fiduciaries, successors and assigns, from all and any manner of action and actions, suits, debts, sums of money, damages, judgments, executions, claims and demands whatsoever in law, or in equity, that the I now have or ever had or may have in the future, whether known to me or not, which are, or may be, the result of my participation in the Challenge Course Experience aka the "Ropes Course."

In consideration of, and as part payment for the right to participate in such progam, I have and do hereby assume all the above risks and any other ordinary and extraordinary risks incidental to the nature of the experience which are not specifically foreseeable, and will hold People Inc., its Directors, Officers, Employees, Agents and/or Associates, harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in the Challenge Course Experience aka the "Ropes Course" or any other activities arranged for me by People Inc., its Directors, Officers, Employees, Agents and/or Associates.

I will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I, also understand that my participation in this People Inc program is **VOLUNTARY** and that I have not been forced, duressed, or coerced into participating in the Challenge Course Experience aka the "Ropes Course" or any other activities arranged by People Inc., nor have I been forced, duressed, or coerced into executing this Release of Liability. I enter into this experience and take full responsibility for my decision to participate or not participate and agree to follow all safety instructions.

This release of liability is not intended and shall not be construed to be an admission of liability by People Inc., of Sequoyah County with regard to any injuries or damages Applicant may suffer from such participation.

NAME OF PARTICIPANT (please print)	DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN (Ifunder the age of 18)	DATE
SIGNATURE OF WITNESS	DATE

ROPES 8/21/07