## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Moab Redrock UTV, LLC., D.B.A. Canyonlands By Night & Day, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CBND"), I hereby agree to release, indemnify, and discharge CBND, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in rentals and guided UTV tours activities and entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the possibility of rough terrain; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; drowning; it is possible that riders could be injured if they come into contact with other passengers or equipment; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; major injuries are a risk as are bruises, sprains, musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; the negligence of participants, or other persons who may be present; travel in remote areas; exposure to the elements of the outdoors and natural surroundings which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, heat stroke, sunburn, dehydration; transmissible pathogens or diseases; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; further, passengers can be thrown off the vehicle which can result in any of the above events occurring; accidents involving other vehicles; collision with fixed or movable objects; collisions, and flipping over; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; the machine itself may fail; and accidents can occur getting in or out. Additionally, fatigue, chill and/or dizziness may diminish my/our reaction time and increase the risk of an accident.

Furthermore, CBND employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to wear a properly fitted and secured DOT or SNELL certified helmet while participating in this activity.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CBND from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CBND's equipment or facilities, **including any such claims which allege negligent acts or omissions of CBND**.
- 4. Should CBND or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against CBND, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CBND on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at CBND. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name		DO	BP	hone Number
Address			City	
State	Zip	Email		
Signature of Participant			D	Date
	(Must be com	ARDIAN'S ADDITION pleted for participants	under the ag	ge of 18)
In consideration of the followi				ng permitted by CBND to participate in its activities
and to use its equipment and f on behalf of Minor(s), and wh	acilities, I further agree	to indemnify and hold	harmless CBN	ND from any and all claims which are brought by, or
Parent or Guardian:		Print Name:		Date:

I, the undersigned, have been fully warned and advised by Moab Redrock UTV, LLC., D.B.A. Canyonlands By Night & Day (hereinafter collectively referred to as "CBND"), that I should wear a properly fitted and secured DOT and/or or SNELL certified helmet while riding or being around all-terrain vehicles ("ATV's") or off-highway vehicles ("OHV's") (whether on the premises or off of the CBND's premises) in order to potentially reduce the severity of an injury and/or to possibly prevent my death from occurring as the result of a fall or any other occurrence associated with this activity. I understand that by not wearing a helmet, I will be going against manufacturers' requirements and putting myself at an increased risk for injuries, and against the advice of CBND and numerous court cases I am refusing this critical safety precaution. I also understand that minors are not allowed to refuse protective headgear and I cannot sign on their behalf to waive the requirement.

## I, the undersigned, have read the foregoing statement carefully before signing and do understand its warning.

## SIGNER STATEMENT OF AWARENESS

Signature of Rider (spouse must sign for themselves)			
Signature of parent, guardian and or spouse	Name of additional minor(s) rider(s)	Date	