

behavior.

- B. B. Participant possesses a sufficient level of skill and physical fitness for safe participation in the Activities.
- C. C. Participant shall only attempt Activities that Participant can safely perform.
- D. D. Participant is not aware of any health problems that would prevent him/her from participating in the Activities.
- E. E. Participant has received either medical clearance from his/her physician prior to participation in the Activities or has determined that such clearance is not necessary for his/her safe participation in the Activities.
- F. F. Urban Air may, but shall not be obligated or required to, administer to Participant emergency aid, CPR, use an AED (defibrillator), secure emergency medical care or transportation (i.e., EMS), and if said emergency medical care or transportation is secured, Participant shall assume all costs of emergency medical care and transportation.
- G. G. Participant shall discontinue participation in the Activities if Participant feels any unusual discomfort (e.g., faintness, shortness of breath, physical manifestations of anxiety, chest pains, and/or abnormal heart palpitations).
- H. H. Participant consents to Urban Air communicating with Participant via telephone or email and to receiving from Urban Air on my wireless device mobile service commercial messages. Participant acknowledges that Participant may be charged by his/her wireless service provider in connection with receipt of such mobile messages. Participant acknowledges that he/she may revoke his/her consent at any time.

**BY EXECUTING THIS AGREEMENT, I REPRESENT I HAD A SUFFICIENT OPPORTUNITY TO READ THIS AGREEMENT, I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AGREE TO BE BOUND AS SET FORTH HEREIN.**

_____	_____	_____
Child Participant Name (Please Print)	Parent/Legal Guardian Signature	Date
_____	_____	_____
Adult Participant Name (Please Print)	Adult Participant Signature	Date
Emergency Contact Person: _____		Phone: _____
Participant's Email Address: _____		