RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

(hereinafter the "Release Agreement")

WARNING: By signing this you are waiving your legal rights and you give up the right to sue.

PLEASE READ CAREFULLY!

Initials	1	2	3	4

TO: OPEN SKY ADVENTURES INC.

PARTICIPANT(S) NAME(S): ____

ACTIVITY: ____

I desire to participate in the above activity organized by **OPEN SKY ADVENTURES INC.** I understand that in order for **OPEN SKY ADVENTURES INC.** to accept my application to participate in the above activity, I must agree to be bound by this Release, Waiver and Assumption of Risk.

In consideration of **OPEN SKY ADVENTURES INC.** accepting my application and my admittance to participate in the above activity, I must agree to this Release, Waiver and Assumption of Risk.

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I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue OPEN SKY ADVENTURES INC. and its officers, employees, instructors, agent or representatives (collectively the "Released Parties") for any personal injury, death and property damages, expenses or loss sustained by me as a result of my participation in the above activity due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from rules of law concerning negligence, on the part of the Released Parties.

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I am aware that there are risks and dangers inherent in the above activity. I accept all inherent risks of the above activity and the possibility of personal injury, death, property damage or loss resulting therefrom.

I agree that I will be fully responsible for all costs and expenses which may be incurred in providing any special services to myself, outside of regular services agreed to or provided by the Released Parties in connection with the activity, and without limiting the generality of the foregoing, I agree to be responsible for all and to all and any costs of rescues, special travel, medical attention or other special outlay for myself personally, and to reimburse the Released Parties and its staff for all costs of these services as may be incurred by them for my benefit or at my request.

In entering into this agreement, I am not relying on any oral, written or visual representations or statements made by the Released Parties, including those in the brochures, to induce me to participate in the above activity.

I confirm that I am the full age of majority or, in the alternative, I have indicated that I am the guardian of the minor participant named, and that I have read this agreement before signing it and I understand and agree that this agreement will be binding upon me (as participant or guardian), my heirs, next of kin, executors, administrators, and successors.

SIGNED THIS _________ DAY OF ____________________, 20___.

Participant's signature	Participant's Printed Name	In the presence of: Witness' Signature	Witness' Printed Name
1. ____________________	________________________	_____________________	_______________________
2. ____________________	________________________	_____________________	_______________________
3. ____________________	________________________	_____________________	_______________________

Name of Minor	Guardian's Signature (If participant is a Minor)	Guardian's Printed Name	In the presence of: Witness' Signature	Witness' Printed Name
1. ________________	____________________	________________	__________________	_________________
2. ________________	____________________	________________	__________________	_________________
3. ________________	____________________	________________	__________________	_________________