515-961-6169
www.warrenccb.org
15565 118th Ave.
Indianola, IA 50125

In consideration for the opportunity for my child or myself to utilize the All-Terrain Hopper ("ATH") I agree as follows:

1. I understand and agree to the following user guidelines:
    a. Only one person is allowed on the ATH at any time.
    b. A seat belt is required at all times.
    c. Controls must be in the off position before sitting in the ATH and before getting out of the chair.
    d. ATH must be unoccupied during loading and unloading from vehicle or carrier.
    e. Stair climbing or steep inclines that could cause the ATH to tip over are not permitted.
    f. The ATH and its user must be accompanied by a companion in good physical condition for always navigating Warren County Conservation Board (WCCB) property.
    g. Neglectful use is defined as using the ATH outside of designated areas or disobeying any other written and designated rules of WCCB displayed in and around WCCB property or provided in this document, other required forms, in the in-person training, or displayed on the ATH.
    h. ATH must be always used safely and responsibly.
    i. The in-person training program must be completed before use of the ATH.
    j. Use of the ATH is purely recreational. Use of the ATH for commercial purposes is prohibited.
    k. Chair must be returned to the Annett Nature Center no later than 4:25pm.
    l. Guests must sign a rental agreement in person upon arrival at the Annett Nature Center before allowed to use ATH

    Initial _____

2. My companion's signature below indicates that they understand that this entire document pertains to them as well and they have read and agreed to all the conditions and limitations therein. In case of emergency, it is my companion's responsibility to always have a charged mobile device available. If no cellular service is available, my companion will be required to seek help by returning to the location where training took place as quickly as possible. My companion and I have both participated in, in-person training, read the "WCCB All-terrain Chair Usage Requirements" and demonstrated proper use of the wheelchair. Our signatures on this waiver verify our understanding of all topics covered. **Initial** _____

3. I understand that it is the responsibility of the participant and/or companion to move and maneuver the ATH around the park and to return it in good working condition. WCCB staff may not under any circumstance assist with transfers to or from the chair unless for the purpose of emergency retrieval. Any necessary assistance adjusting the chair or assisting with transfers, including providing transfer board or other assistive equipment, is the responsibility of my companion. **Initial** _____

4. I understand that the ATH is only permitted on certain trails and portions of trails as designated and agree to remain within these allowed areas. I have received a map of these areas. I will be financially responsible for any and all damage to the ATH arising from negligence or the violation of any terms in this document. **Initial** _____

5. I hereby waive, discharge, and release, for myself, my heirs, executors and administrators, beneficiaries, and assigns any and all rights, claims, liabilities and causes of action whatsoever I may have against the WCCB and Warren County, Iowa, their affiliates, operators, sponsors, officers, directors, employees and agents, relating to or arising from my use of the ATH, including but not limited to personal injury, disease, and even death. **Initial** _____

6. I recognize that using the ATH has inherent risks, and I hereby assume those risks. The risks include, but are not limited to, injury, disease, death, and actions of other people including, but not limited to, other individuals visiting WCCB property, volunteers, spectators, and staff. I recognize that liability may arise from negligence or carelessness, from dangerous or defective equipment or property owned, maintained, or controlled by them. I recognize that the ATH is a mechanical object and may fail or inflict injury even with proper maintenance and in the absence of any negligence. **Initial** _____

7. I hereby give my consent to the Parties to use my name and likeness incorporated in photographs, video, film, and other recordings (collectively, "Photos") of me taken immediately before, during or immediately after using the ATH, for advertising and promotional purposes by the Parties, in any medium or format, including but not limited to the Internet, without compensation. I agree that no advertising or other material need be submitted to me for approval. I agree that all photos of me used by the WCCB, and its affiliates are owned by the WCCB, and they may copyright material containing the same. I hereby release, discharge, waive, and agree to hold harmless the parties from any liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my name and/or Photos, including, any alteration of such photos, whether intentional or otherwise. **Initial** _____

8. I expressly agree that this consent is intended to be as broad and inclusive as a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions; and that I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I may have or possess against the WCCB. Any claim or cause of action arising under this agreement will be governed by and construed in accordance with the laws of the state of Iowa, and I hereby irrevocably consent to the exclusive jurisdiction of such courts.

   Initial _____

Participant's Printed Name	**Guardian's Printed Name (if applicable)**
Participant / Guardian Signature	**Date**
Child's signature (if between 16-18 years of age)	**Date**
Companion's Name	**Companion's Signature**
Contact Number while at park	**Date**

Staff Use Only
Date chair is checked out _____
Date chair is checked in _____
Staff Signature _____
Date _____