KERBER'S

TUBING RELEASE AND WAIVER AGREEMENT

		Adult Infor	mation ——		
	Date:	Email Address:			
	Name: Date of Birth:				-
	Address:		Phor	ne:	
	[If applicable] Name of	group/special event:			
	* Please indicate number	of people who will be tubing: ADU	JLTS:	MINORS:	
		mployees, agents, representatives, posign the following waiver which at			
(1)	inherent and other risks in Carpet mover and tubes, forms of vegetation or design or man-made obstacles, a constantly because of we create risks.]	s potentially hazardous and may restinvolved in tubing. [Some of these revariations in steepness and terraing ebris (above and below the surface) as well as collisions with equipment eather changes and tubing use. The	isks include, but are no , ice and icy conditions , bare spots, cables, ut , obstacles, and other negligence of other tu	ot limited to, the use s, moguls, rocks, treestility lines, and other tubers. Chute condit bers or of Kerber's II	of the Magic s, and other forms of natural ions vary
	will follow all rules, instru refund of the amount pai waive my right to bring a Inc. from liability for any I further agree that I will	, whether specifically listed in parag uctions, and directions provided by id by me. ny claims against Kerber's Inc. that such claims. [This waiver and releating indemnify, hold harmless, and reimns brought by any persons or entitie	Kerber's Inc. If I do no arise out of or relate ase includes claims bas burse Kerber's Inc. for	t, my ticket may be re to my tubing, and to sed upon negligence l r all losses (including	release Kerber's by Kerber's Inc.]
<u>(5</u>)	exclusively in the Court of grant Kerber's Inc. permicand promoting the Kerbe	ising under this Release or from my of Common Pleas of Westmoreland ssion to use photographic and/or vi er facilities. I waive any right to be c claims, where any such claim arises	County, Pennsylvania. Ideo images of me for ompensated for the us	the purpose of marke se of my image and re	eting, publicizing elease Kerber's
		t and enter into it voluntarily. Pleas	DATE.		
paragr harmle	aphs 4 and 5 above apply to	e adults: I agree: (1) that I have dis o any claim by me related to the mi attorneys' fees and costs) from any INFORMATION REGARDING	nor(s)' participation; a claims by or on behalf	nd (3) to indemnify a	nd hold Kerber's
	Last Name	First Name	AGE/Birth I	Date]
					_
					1

NAME______ DATE:_____