

I have read and fully understand **Comprehensive Blanket Release & Indemnification Agreement**.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Please provide the following information regarding the participant:**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Weight: \_\_\_\_\_ (if using the aqua zip)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (If participant is under the age of 18)

Zion – Staff Signature: \_\_\_\_\_