Red Rock Adventure Company

doing business as

Red Rock Climbing Center Outdoor Guide Service

PARTICIPANT AGREEMENT

RELEASE REGARDING PHOTOGRAPHS AND OTHER RECORDINGS
CAPTURED DURING ANY RED ROCK CLIMBING CENTER OUTDOOR GUIDE SERVICE ACTIVITY

In consideration of the services provided to me by the Red Rock Adventure Company (RRAC), and the Red Rock Climbing Center Outdoor Guide Service (RRCCOGS), I hereby agree:

1) The RRCCOGS activities in which I am participating may be video taped, audio taped and/or photographed and that I may be distinguishable in these videotapes, audiotapes or photographs.

2) The above referenced photos, audiotapes and/or videotapes may be used for informational, promotional and any other purposes connected with the corporate purposes of the RRAC and the RRCCOGS. I agree that RRAC may use my image, voice or likeness in any materials it chooses and for these purposes without further notification or compensation to me.

3) The terms of this agreement may be revoked by me within three (3) business days of my completion of the RRCCOGS activity in which I participate by written notification, sent certified mail, return receipt requested, to the address below. If I do not revoke this Agreement within the above stated revocation period, in the manner set forth, I agree to indemnify and hold harmless the RRCCOGS, its affiliates, agents, officers, directors, managers, successors in interest and volunteers for any claims, damages, demands, chooses in action, judgments, awards or injuries (whether to person or property) arising out of the RRCCOGS' use of my likeness, image or voice, including but not limited to claims based on rights of publicity or privacy.

4) I acknowledge that I am at least eighteen (18) years of age and have full capacity to execute this document, or that I have had this Agreement read and signed by an adult parent or guardian.

THIS IS A LEGALLY BINDING DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

Participant Printed Name: _____ Signature _____

Date _____

Printed Name of Parent or Guardian: _____ Signature:_____

Date _____