

Waiver of Legal Rights, Release of Liability

Whereas I am about to participate in the recreational sport of hang gliding/paragliding; and whereas I am doing so entirely upon my own initiative, risk, and responsibility; and whereas I recognize that hang gliding/paragliding is an extremely hazardous and dangerous activity and that circumstances beyond my control do occur which increase the risk; and whereas I desire to assume all risks of death or injury to my person and property that may be sustained in connection with the stated and associated activities, and release all others involved in any way;

I now, therefore, assume all risks of death or injury to my person and property and in consideration of Mount View Family Limited Partnership, LLP, a Virginia family limited liability partnership and Laura S. Taylor's (collectively "Taylor") permission to utilize certain portions of the Taylor property, collectively and commonly known as "Mount View Farm" located in King George County, Virginia ("Property"), for purposes of hang gliding/paragliding or hang gliding/paragliding related activities, including without limitation delivery or removal of hang gliding/paragliding equipment or gear, the act of hang gliding/paragliding, and any other activity relating to hang gliding/paragliding, whether directly or indirectly, (the "Activity"), do hereby for myself, my heirs, and executors, waive any claim whatsoever, indemnify and hold harmless Taylor and its owners, members, officers, managers, employees, agents, directors and any other Taylor related parties from any and all actions, claims, demands, losses, damages, expenses, liabilities, sickness or injuries to myself or property from whatever source, arising from or occurring during participation in the Activity currently or at any time in the future. If any claim, demand, action or cause of action is brought against Taylor and its owners, members, officers, managers, employees, agents, directors and any other Taylor related parties where such activity takes place for death or injuries sustained to me and/or my property in the pursuit of said activities, I will pay all attorneys fees incurred by said Defendants in the defense of said claims, demands, actions, or causes of action.

Also I represent and certify that the information given below is accurate and I am over the age of 18 years.

I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST AND RELEASE.

In Witness Whereof, I have hereunto set my hand and seal.

Signed _____ Date _____

Printed Name _____

Address _____ DOB _____

Witnessed by _____