HORSE HOLLOW DISTILLERY LLC
ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY

671 Sandhill Rd.
Pequea, Pa 17565

READ BEFORE SIGNING

1. This is a family experience. Respect people and the creek.
2. No drugs, alcohol or speakers allowed on the creek. If caught you will be refused tubing going forward.
3. All tubers must stay in their tubes during the entire duration of your float. All land along the sides is private property. Property owners reserve the right to prosecute.

I am aware that the sport of creek tubing involves a ride on an uncontrolled natural waterway, The Pequea Creek. There are inherent risks of injury or death, including but not limited to: changing weather conditions, sunburn, scrapes, bug bites, cuts, collisions with trees, rocks, other tubers, other manmade or natural obstacles, slick or uneven walking surfaces, submerged trees or other objects, near drowning and drowning. I understand that I am voluntarily choosing to participate in the sport of creek tubing at Horse Hollow Distillery LLC with knowledge of the aforesaid risks of injury or death involved. I hereby expressly agree to accept and assume all such risks of injury or death associated with the sport of creek tubing. I understand that there are no life guards on this ride and that I am responsible for myself.
I, myself, and on behalf of my heirs, assignees, personal representatives and relatives, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS, Horse Hollow Distillery LLC, it's officials, agents and/or employees, and owners from any and all claims, demands, losses, liability arising out of or related to any INJURY< DISABILITY OR DEATH I may suffer, or loss or damage to person or property whether arising from the negligence of myself or others, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT NAME (PRINTED)	SIGNATURE (Parent/guardian if minor)	DATE