

## Rules for Minors

A minor is anyone, driver/rider/passenger, that is under the age of 18 at the time of registration.

Anyone under the age of 18 is required to submit:

Paragon Adventure Park Waiver and Release of Liability  
Authorization for Medical/Surgical Treatment  
Consent Form for Minor

Please include person's name on Authorization for medical treatment form that is accompanying your child for check-in.

All forms must be NOTARIZED to be accepted. All forms are needed even if the parent/legal guardian accompanies the minor.

All forms are only needed once, unless the information changes for the Authorization for Medical/Surgical Treatment form.

Thank you for your cooperation.

Overland Enterprises, Inc.

**THIS IS A RELEASE OF LIABILITY - READ CAREFULLY  
BEFORE SIGNING THIS DOCUMENT - IT IS A BINDING AGREEMENT**

**Paragon Adventure Park Waiver and Release of Liability**

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In consideration of **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Ent., and The Eight B's Club, their owners, agents, officers, employees and other associates furnishing services, materials and/or equipment to enable me to participate in an off-pavement driver education, and allowing access to a 4x4 off-road park, guided trail ride, general admission to Paragon, off-road related group/club activities, Motorcycle riding, or ATV/Quad riding, camping, hiking, biking, or any other activities, scheduled or unscheduled, I agree as follows:

I understand and acknowledge that: (a) risks and dangers exist in the use of any motorized vehicle for off-pavement driver education, off-road driving, general admission to Paragon, off-road related group/club activities, camping, hiking, biking, or other activities, scheduled or unscheduled, of which I may partake as a part of, prior to, or after participation in the present event; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Ent., and The Eight B's Club, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; (d) these risks and dangers may arise from foreseeable or unforeseeable causes; and (e) by my participation in these activities and/or use of equipment, **I HEREBY ASSUME ALL RISKS AND DANGERS AND ALL RESPONSIBILITY FOR ANY LOSSES AND/OR DAMAGES**, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Ent., and/or The Eight B's Club.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Ent., and The Eight B's Club and their owners, agents, officers, employees and other associates from all claims, suits, or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in these activities which include, but are not limited to, the use of off-pavement or other types of vehicles, participation in driver education, trail rides, general admission to Paragon, off-road related group/club activities, Motorcycle Riding, or ATV/Quad Riding, camping, hiking, biking, or any other activities, scheduled or unscheduled.

I specifically understand that I am waiving and forever releasing and discharging **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Enterprise, and The Eight B's Club and their owners, agents, officers, or employees from any and all claims or causes of action that I may have presently or which may arise in the future. This waiver and release is effective for all acts, negligent or otherwise, and conduct by **Overland Enterprises, Inc.**, Paragon, NEUROC, PCA Corp., Butler Ent., and The Eight B's Club and their owners, agents, officers, or employees.

I agree that, should any claim or action arise from my participation as described herein, including any issue as to the applicability of this Release or any provision contained within it, proper Jurisdiction and Venue will lie only in Schuylkill County, Pennsylvania and I waive Jurisdiction and Venue anywhere else.

**WAIVER OF RIGHTS TO PHOTOGRAPHIC AND / OR ELECTRONIC IMAGES**

Assignee understands that Overland Enterprises, Inc., Paragon may take photographic or other electronic images of its events. Assignee hereby agrees that all photographs or other images obtained in any manner by Overland Enterprises, Inc. its agents, employees or associates are the property of Overland Enterprises, Inc. Overland Enterprises, Inc. reserves the right to use these images for any commercial or business purposes.

Assignee hereby waives all rights to said images and releases, remises and forever discharges, Overland Enterprises, Inc. its' agents, employees, officers, directors, shareholders and servants from any and all demands, actions, causes of actions, suits, damages, costs, and any other claims that may arise regarding said images or their use.

BY MY INITIALS HERON, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FORGOING WAIVER AND RELEASE OF LIABILITY

Initials \_\_\_\_\_

**Overland Enterprises, Inc.**  
**THIS IS A RELEASE OF LIABILITY - READ CAREFULLY BEFORE SIGNING.**  
**THIS DOCUMENT IS A BINDING AGREEMENT**

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I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **OVERLAND ENTERPRISES, INC.**, PARAGON, NEUROC, PCA CORP., BUTLER ENT., AND THE EIGHT B'S CLUB FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

I FURTHER EXPRESSLY AGREE THAT THE FOREGOING WAIVER AND RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY LAW OF THE PROVINCE OR STATE IN WHICH SERVICES, MATERIALS AND/OR EQUIPMENT ARE PROVIDED, AND THE COURSE OF BUSINESS IS CONDUCTED, AND THAT IF ANY PORTION THEREOF IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL, NOTWITHSTANDING, CONTINUE IN FULL LEGAL FORCE AND EFFECT.

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

I CERTIFY THAT THE VEHICLE(S) I BRING TO THIS EVENT IS/ARE LAWFULLY REGISTERED, INSPECTED, AND INSURED, AND THAT I HAVE NO KNOWLEDGE OF ANY CONDITION THAT MIGHT RENDER THE VEHICLE(S) UNSAFE IN ANY WAY. ADDITIONALLY, I CERTIFY THAT I AM PHYSICALLY AND MENTALLY HEALTHY AND HAVE NO CONDITION THAT WILL PUT ME AT RISK WHILE PARTICIPATING IN ANY ACTIVITIES, SCHEDULED OR UNSCHEDULED, AS HEREIN DESCRIBED.

THIS IS TO CERTIFY THAT I AM A PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE BELOW NAMED MINOR PARTICIPANT, AND I FURTHER DO CONSENT AND AGREE TO THE MINOR'S RELEASE OF **OVERLAND ENTERPRISES, INC.**, PARAGON, NEUROC, PCA CORP., BUTLER ENT. AND THE EIGHT B'S CLUB, THEIR OWNERS, AGENTS, OFFICERS, EMPLOYEES AND ALL OTHER RELEASEES FROM ANY AND ALL LIABILITY, CLAIMS, OR CAUSES OF ACTION WHICH ARE OR MAY BE INCIDENT TO OR ARISE FROM PARTICIPANT MINOR'S INVOLVEMENT IN THESE PROGRAMS. I FURTHER AGREE THAT THIS RELEASE INCLUDES ANY AND ALL CURRENT AND FUTURE CLAIMS OR CAUSES OF ACTION, FORSEEN AND UNFORESEEN, THAT MAY BE RAISED BY THE MINOR PARTICIPANT, MYSELF, MINOR'S HEIRS, MY HEIRS, MINOR'S ASSIGNS, MY ASSIGNS, MY NEXT OF KIN AND/OR MINOR'S NEXT OF KIN. I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE ATTACHED WAIVER AND RELEASE OF LIABILITY, AND, BY MY SIGNATURE AND INITIAL HEREON, I ACKNOWLEDGE THAT I APPROVE OF AND AGREE TO THE SAME ON BEHALF OF THE MINOR PARTICIPANT.

In Witness Whereof, each of the undersigned has hereunto set his/her hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

X \_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE      PARENT/LEGAL GUARDIAN'S PRINTED NAME – MUST BE LEGIBLE

\_\_\_\_\_  
MINOR'S PRINTED NAME – MUST BE LEGIBLE      MINOR'S DATE OF BIRTH

\_\_\_\_\_  
MINOR'S ADDRESS      CITY, STATE      ZIP CODE

MINOR'S DRIVERS LICENSE NUMBER (IF APPLICABLE): \_\_\_\_\_ State \_\_\_\_\_

**WE HAVE RECEIVED** a copy of Paragon Park's Guidelines and the above minor agrees to abide by them: \_\_\_\_\_

ATV/MOTORBIKE INFORMATION: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE/CC \_\_\_\_\_  
Parent's Initials

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

SEAL Printed: \_\_\_\_\_

Residing in \_\_\_\_\_ Co. \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Overland Enterprises, Inc., Paragon Adventure Park

**AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT**

I, \_\_\_\_\_ being the custodial parent and/or legal guardian of  
\_\_\_\_\_, born \_\_\_\_\_ in \_\_\_\_\_,  
(Name of Child) (Date of Birth) (State),

do hereby authorize \_\_\_\_\_ and/or \_\_\_\_\_  
(Print Name of Authorized Person) (Print Name of Authorized Person)  
to consent to and secure for or on my behalf medical and/or surgical treatment for our child.

The consent of any person listed below shall be the equivalent of consent by us personally and any physician, hospital, clinic or other medical establishment, including emergency medical personnel, may relay upon said consent in rendering medical treatment to said child, including, but not limited to, diagnoses, treatment, medication and surgery.

***This consent shall remain in effect until revoked in writing by the undersigned***

The adult person(s) authorized to secure for, and on our behalf, medical and/or surgical treatment for, and on behalf of, our child are:

\_\_\_\_\_  
(Printed Name) (Printed Name)

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

Name of Health Insurance Company: \_\_\_\_\_  
Policy# or I.D.#: \_\_\_\_\_  
Address of Carrier: \_\_\_\_\_  
Known Allergies or conditions we should be aware of: \_\_\_\_\_

I affirm under the pains and penalties of perjury that the foregoing representations are true and correct.

\_\_\_\_\_  
Printed Name Signature Date  
STATE OF \_\_\_\_\_ )  
) SS:  
COUNTY OF \_\_\_\_\_ )

Before me, a notary public in and for said county and state, personally appeared \_\_\_\_\_ who acknowledged the execution of the foregoing Consent and Authorization for Medical Treatment and stated that the representations contained therein are true and correct to the best of their knowledge and belief.

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_

Printed: \_\_\_\_\_

SEAL

Residing in \_\_\_\_\_ Co. \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Overland Enterprises, Inc., Paragon Adventure Park

