

Pricing Info: THE COST OF OUR TOUR IS AN INTRODUCTORY RATE OF **\$20.00** PER PERSON.

Groups: Must schedule groups of 10 or more in advance. Group participants will receive a discount, (including youth groups, scouting groups, church groups, and celebration groups). It is required groups pay in advance to hold your reservation.

1-9 participants- \$ 20.00 each
10-19 participants- \$18.50 each
20 or more participants \$17.00 each

Please contact us for other special group pricing, to reserve days other than a Saturday and to book your reservations. Also, it is highly recommended for anyone to make a reservation to avoid longer waiting times.

Payment: The preferred method of payment is **cash or check**. Cash or check payments can be collected at the time of service. Credit Card acceptance on site is pending. If you are reserving for a group of 10 or more, contact information and a 20% deposit will be required to be entered through our website. www.spicechallenge.com.

CANCELLATION POLICY- We have a 10 day group cancellation policy and you will lose your deposit if you cancel your date within the 10 day period. Rescheduling can take place with 48 hours notice at no charge. No deposits will be given back with less than 10 days notice.

The SPICE Challenge Program Staff will close the Canopy Tour if the weather conditions become severe with lightening or high winds. In this case, groups may reschedule or be given a full refund of their deposit.

Location of SPICE: SPICE Challenge Program and the Canopy Tour is located in Indianapolis, IN just off of Pendleton Pike, approximately 5 miles northeast of downtown Indianapolis, IN

Address: 6501 Sunnyside Road (Behind Craig Middle School)
Indianapolis, IN 46236

Take I-465 East and South to the 56th Street exit and turn East/Left. Take 56th Street to Pendleton Pike and turn left and follow to Sunnyside Road. Turn North/Left on Sunnyside and go to the second school on the right side of the road. Turn in and park in the parking lot at the SE corner of the lot. Follow the gravel road on foot back towards the climbing tower and check in.

Participant Information:

1. Must wear clothing that includes tennis shoes, mid-thigh or longer shorts or jeans, full length shirt (no mid-drifts, halters or swim tops).
2. Groups must arrive 30 minutes ahead of scheduled time to complete appropriate paperwork and get fitted with the safety equipment.
3. There is a portable restroom available for the convenience of the participants
4. A concession stand will be open with snacks and drinks available for sale. Each month the concession proceeds will benefit a community foundation or cause.

5. Participants should be a minimum of 10 years old or 5 feet tall and should weigh around 70 to 250 pounds, this is a guideline. Children under 15 must be accompanied by a parent. Please call if you have any questions.
6. Participants must be in reasonably good health.
7. Every participant must sign a [Waiver and Release Form](#) that is attached to the end of this document. Participants under the age of 18 must have a signed waiver by a parent.

General Rules:

1. Fun is expected...however, No Horseplay during the event or on the platforms
2. No foul or abusive language
3. The use of alcohol, drugs or tobacco is prohibited on school property
4. We are not responsible for lost, stolen or dropped items
5. We reserve the right to refuse services to anyone for the safety of all participants

Calendar/Hours of Operation:

See Website for latest update on schedule. We are open May through October on Saturdays, 10:00 am to 4:00 pm

Group Tours (10 or more) must be reserved on the hour and you must arrive 30 minutes prior to your scheduled tour. Last tour time will be scheduled at 3:00 pm. Individuals and groups of less than 10 are encouraged to pre-schedule to avoid longer waiting times. Note: Special arrangements of days and times available for groups of 20 or more.

WAIVER / RELEASE

SPICE CHALLENGE PROGRAM
CANOPY ZIPLINE TOUR
6501 Sunnyside Rd., Indianapolis, IN 43149
317-695-1114

DISCLOSURE

SPICE training programs use a variety of activities including warm-ups, games, team building initiatives and low/high challenge course activities. Some programs include additional rigorous activity such as the climbing tower. The activities are designed to be within the capability of anyone who is in reasonably good health.

All activities are presented on a “Challenge by Choice” basis. This means that participants choose their own level of participation. Although safety is a very high priority of all SPICE trainings, there is a risk that must be assumed by each participant that he or she may suffer an emotional or physical injury.

The information requested on this medical information form is intended to help inform SPICE staff of any pre-existing medical conditions. This is to determine a recommendation for the level of participation. This information will be kept in strict confidence by SPICE and shared only with your permission.

General Information

Do you have health/ accident insurance? Yes No

If yes, name of
company _____

Do you have any limiting physical or health disabilities that would limit your participation on the
Canopy Tour?

What are your current medications?

What allergies do you have?

Acknowledgement of Risk and Assumption of Personal Responsibility

I understand that during my participation in this adventure course or activity, I may be exposed to physically stressful, challenging situations.

I understand, too, that although the SPICE Program has taken precautions to provide proper organization, supervision, instruction, and equipment, for each activity, it is impossible for the program to guarantee absolute safety.

Therefore, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Spice Challenge Program , the Metropolitan School District of Lawrence Township and its independent contractors from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, or loss of life or personal property that may occur as a result of participating in this program. This includes such injury or loss resulting from negligence of employees, agents, contractors or volunteers of this program.

Medical Statement

I recognize that challenge course activities are physical in nature and require me to evaluate my personal health. I hereby certify that I do not suffer from any physical infirmities or illnesses, which would affect my ability to engage in the challenge course activities. If I have recently been under treatment for any of the following, I will disclose and discuss them with the SPICE Program Guide.

Cardiac or Pulmonary condition or disease

Nervous disorder

High or Low Blood Pressure

Fainting Spells or convulsions

Diabetes

Kidney Related Diseases

Hearing Loss or Impairment

Shortness of Breath

Drug Addiction or Dependency

Back or Neck Injury

Alcoholism

Any Orthopedic Problem

Mental Distress

Pregnancy

Any other _____

Recent Injuries

Asthma

I affirm that the confidential medical information, which I will provide, is accurate and complete. I understand that failure to disclose information could affect my own safety and those around me, and I agree to hold SPICE harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care hospitalization or other treatment, which may become necessary.

I have accepted responsibility for certifying my personal health and that I have no physical or psychological problems that would prohibit my participation in this program. I accept responsibility for the health of my child and that he/she have no physical or psychological problems that would prohibit their participation in this program.

By signing below I agree that I have read all 4 pages of the online document or the document posted on location. I accept all the policies in place regarding the SPICE Canopy Tour as well as the Waiver and Release form. I agree to abide by the rules in place as well as honor the agreement to fully disclose to SPICE challenge staff any and all physical or mental conditions that would make my (or my minor's) participation on the tour unsafe.

Adult Release:

Name: _____ Email: _____
Medical Information: _____ Insurance _____
Signature: _____ Date: _____

Name: _____ Email: _____
Medical Conditions: _____ Insurance _____
Signature: _____ Date: _____

Parent Permission:

Minors Name: _____ Age: _____
Medical Information: _____
Minors Signature: _____ Date: _____
Parent or Guardian Signature: _____ Relationship: _____

Minors Name: _____ Age: _____
Medical Conditions: _____
Minors Signature: _____ Date: _____
Parent or Guardian Signature: _____ Relationship: _____

Please check if you do not want to be added to our e-mail list: _____

(PRINT THIS PAGE ONLY AND BRING WITH YOU)