



# Education Program Waiver

Program Participant: \_\_\_\_\_

Program Title: \_\_\_\_\_

## Acknowledgement of Risk, Waiver & Release of Liability.

In consideration of the services of Zoo Atlanta, its officers, directors, trustees, members, agents, employees, subcontractors, guests, facilities, and all other person or entities associated with those persons or entities, including their respective heirs, successors, assigns, and personal representatives (hereafter collectively referred to as "Releasees"), I, for minor(s), and on behalf of my and his/her/their respective heirs, assigns, and personal representatives (collectively, "Releasors"), hereby agree as follows:

I understand that there are risks arising from participation in the Zoo Program, including, without limitation, risks arising from (1) the use of Zoo Atlanta's facilities, vehicles, and equipment, (2) activities conducted in potentially adverse weather conditions (such as heat, humidity or rain), (3) contact with zoo animals and their byproducts, (4) contact with food, products, tools, and other items used to care for and maintain zoo animals, and (5) working with Zoo Atlanta personnel in connection with any of the foregoing. I further understand and acknowledge that participants in such programs are not covered under insurance of Zoo Atlanta. I hereby give my consent and authorize and grant permission to representatives of Zoo Atlanta to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital and/or medical clinic, at my expense, should I or my child become ill or injured while participating in any Zoo Atlanta activities. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss or damage arising from or in any way connected with my or my child's participation in any educational program(s) offered by Zoo Atlanta.

I hereby release and forever discharge Zoo Atlanta and any and all agents of Zoo Atlanta from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to me, my child and/or my property as a result of my or my child's participation in the education programs of Zoo Atlanta. I further waive, release, absolve and agree to indemnify and hold harmless Zoo Atlanta as a result of my or my child's participation in any educational program sponsored by Zoo Atlanta.

By signing this release, the Customer agrees that the terms of this Release are binding upon the Customer and his/her heirs, executors and assigns, and all members of Customer's family. Customer accepts that this Release is governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of laws or principles. In the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of participant



# Education Program Waiver

Program Participant: \_\_\_\_\_

Program Title:

## Media Release Waiver

I give permission to Zoo Atlanta and its representatives to take and use my image and/or quotes for any purpose whatsoever, including advertising and publicity through any media including radio and television. I understand that in this instance, I will not be identified or compensated. I further agree that all property rights in and to any advertising or publicity materials, films or recordings containing my image or quotes are the sole and exclusive property of Zoo Atlanta.

I have carefully read, clearly understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon Releasors. This agreement may be signed and delivered electronically and, if so, shall constitute an electronic record signed by electronic signature with the meaning of such terms under applicable law, and such electronic record and signature will constitute an original for all purposes.

\_\_\_ **YES, I give permission** for my image to be utilized

\_\_\_ **NO, I do not give permission** for my image to be utilized

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date