

Confidential Off Grounds Programming Release Waiver

Program Date _____

Program Location _____

Participant Name _____

Age _____

Emergency Contact _____

Relationship _____

Emergency Phone _____

Work Phone _____

Insurance Information Is the participant covered by medical/hospital insurance? **Yes** **No**

Insurance Carrier _____

Carrier Phone _____

Name of insured _____

Relationship _____

Group/Policy # _____

Medical Information Please let us know about any current or recent health conditions:

Is the participant currently taking any medications or under a doctor's care? If yes, please explain: **No** **Yes**

Photo Release. I give my permission for photos and video to be taken of the participant at the above program and agree that Zoo Atlanta may use the photos and video, without compensation, for legitimate marketing purposes.

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 "Releasers"), I, for minor(s), and on behalf of my and his/her/their respective heirs, assigns, and personal representatives (collectively, "Releasers"), hereby agree as follows:

Zoo Atlanta facilitated programs may involve a variety of activities that often but are limited to include games, low/high rope courses, water sports and activities, hiking elements. Although Zoo Atlanta has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so that my participants(s) might enjoy activities, I understand that these activities contain potential hazards, including not limited to: cables several feet above ground, ropes, boards, ladders, uneven/broken ground, falling debris, tree branches, equipment failure, water, rain, cold, wildlife, poisonous plants & insects. This list of inherent risks is not complete and that other known, unknown, anticipated, and unanticipated hazards may exist. These hazards may result in loss or damage to personal property and accidental injury, illness, and in extreme cases, permanent trauma or death. Releasers assume and accept full responsibility for all risks (whether identified or not) associated with the program, even if arising from or related to the negligence (but not the gross negligence or willful misconduct) of other participants, any Releasee, or the manufacturers of the equipment. The Releasers involvement in these activities is purely voluntary, no one is forcing the Releasor to participate, and I elect to allow the Releasor to participate in spite of and with full knowledge of the risks.

Engaging in the activities at the program may require a degree of skill and knowledge different than other activities that releasors are accustomed to, and Releasers have responsibilities as a participant. Zoo Atlanta staff have been and will be available to explain the nature and physical demands of each activity and some of the inherent risks, hazards, and dangers associated with these activities. By participating in such activities, I certify that Releasers are fully capable of safely participating in the activities. I also affirm that the confidential medical information that I have



provided above is accurate and complete. I understand that my failure to disclose information could affect the Releasor's safety and that of other participants. In the event of illness or injury at the program, I hereby give consent to provide emergency medical care, hospitalization, or other treatment to Releasors.

Releasors, **HEREBY RELEASE AND FOREVER DISCHARGE RELEASEES FROM, AND CONVENANT NOT TO SUE RELEASEES REGARDING, ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, AND CAUSES OF ACTION OF ANY KIND OR NATURE, INCLUDING BUT NOT LIMITED TO INJURY, PARALYSIS, DISABILITY, DEATH** and loss or damage to personal property arising in any way out of, in consequence of , or on account of Releasor's presence at or participation in the program. **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE** (but not including gross negligence or willful misconduct). Releasors or any third party may have, or at any time in the future has arising out of, in consequence of, or on account of my presence at, or participation in, the program.

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.

Signature of Participant

Date signed

Printed Name(s) of Participant

Parent/Guardian signature if participant is under age 18

