



**Zoo Atlanta
Participant Release Form
For Adults and Minor Children**

I acknowledge that I am requesting to participate in Zoo Atlanta’s Aerial Playground/ Rope Course, **Treetop Trail**. I AGREE THAT ZOO ATLANTA AND ITS BOARDS, OFFICIALS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS shall not be liable in any way.

I hereby agree to accept any and all risk of bodily and personal injury, illness, death or damage and I HEREBY RELEASE ZOO ATLANTA FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, OR MY REPRESENTATIVES, NOW HAVE, OR MAY HEREAFTER HAVE, FROM MY PARTICIPATION IN ZOO ATLANTA’S **Treetop Trail** AND AGREE THAT MY ASSIGNEES, HEIRS, AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST, SUE, OR ATTACH THE PROPERTY OF ZOO ATLANTA. I also acknowledge that ZOO ATLANTA AND ITS EMPLOYEES ARE NOT RESPONSIBLE FOR LOST, DAMAGED, OR STOLEN ITEMS while I am participating on Treetop Trail.

I have carefully read this Release and I fully understand its contents. I am aware that this is a release of liability and is a Legal Contract between me and Zoo Atlanta and that it affects my legal rights. I am signing this document of my own free will.

SIGN LEGAL NAME AND PRINT INFORMATION BELOW NEATLY – MUST BE COMPLETED BEFORE PARTICIPATING.

Signature of Participant and Date: _____

Participant’s Name: _____

Participant’s Contact Phone Number: _____

For Minor participants under the age of 18, the following must be completed by custodial parent or legal guardian. I agree that my child(ren) will be accompanied by a responsible adult authorized by me.

Full Name and Age of Minor(s): _____

Name of Custodial Parent or Legal Guardian: _____

Contact Phone Number: _____

PLEASE READ THE FOLLOWING CAREFULLY & SIGN BELOW:

I, the undersigned custodial parent or legal guardian of the minor named herein hereby, give my permission for my child to participate in Zoo Atlanta’s **Treetop Trail**. In consideration of the above-named minor being permitted to participate in Zoo Atlanta’s **Treetop Trail** I HEREBY RELEASE ZOO ATLANTA FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, OR MY REPRESENTATIVES, NOW HAVE, OR MAY HEREAFTER HAVE, FOR BODILY AND PERSONAL INJURY, ILLNESS, DEATH OR DAMAGE RESULTING FROM MY CHILDS(RENS) PARTICIPATION IN ZOO ATLANTA’S **Treetop Trail** AND AGREE THAT MY ASSIGNEES, HEIRS, AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST, SUE, OR ATTACH THE PROPERTY OF ZOO ATLANTA.

(Custodial Parent / Legal Guardian Signature and Date)

# Paid	_____
Initials	_____
Date	_____