



WILD ENCOUNTERS

Participant Release Form For Adults and Minor Children

Customer understands that there are risks arising from participation in the Wild Encounters Program, including, without limitation, risks arising from (1) the use of Zoo Atlanta’s facilities 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, (5) working with Zoo Atlanta personnel in connection to any of the foregoing.

Customer affirms and voluntarily accepts all of these risks on behalf of all program participants on this reservation.

Customer confirms that no person on this reservation has been outside of the United States or outside of Canada within the 10 days prior to the date of this program.

Customer understands that children under 14 must be accompanied by an adult who has also purchased and is attending the same Wild Encounter, and **customer** confirms that at least one adult is in attendance if his reservation includes a child or children.

Zoo Atlanta is allowing participants in this reservation to participate in this Program. **Customer** hereby releases, promises not to sue, and forever discharges **Zoo Atlanta** and its trustees, officers, agents, employees, students and volunteers from any and all claims, demands, rights, and causes of action of whatever kind or nature. This release applies to, but is not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences resulting from or in any way relating to, a **Participant’s** participation in the Program.

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.

Adult Participants

Signature of Participant: _____ Date: _____

Participant’s Name: _____

Participant’s Contact Phone Number: _____

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 **Wild Encounter**. In consideration of the above-named minor being permitted to participate in Zoo Atlanta’s **Wild Encounter**. 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 **Wild Encounter** 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)

Date