

Dept: _____ Activity/Reason: _____
CHECK ONE: ___Single Day ___Recurring Days



VOLUNTEER RELEASE AND WAIVER OF CLAIMS

We, the undersigned participant, and parent or guardian where required, understand that the staff of Cheyenne Mountain Zoo (the "Zoo") will perform to the best of their abilities and will endeavor to provide for the safety of all guests; and I hereby covenant and agree as follows:

GENERAL RELEASE. – The undersigned hereby releases and waives any claims that the undersigned may now or hereafter have against the Zoo, its sponsors, trustees, officers, employees or its assigns from and against any and all liabilities, losses, damages, costs or expenses of whatever kind or nature, including attorney's fees, which the undersigned may incur as a result of any injury to us or our personal property as a result of the participant's activities undertaken at the Zoo including, without limitation, personal injury or illness and damages thereof including loss of income, earnings, bodily injury, pain and suffering, emotional or mental distress and any and all medical expenses;

ASSUMPTION OF RISK. – The undersigned acknowledges and understands that the Zoo activities undertaken by the participant may involve a certain degree of risk of personal injury and injury to personal property which may result from the participant's participation therein. Such injuries may be caused by other participant, road and other conditions caused by weather, including uneven or damaged terrain, the presence of moisture or mud, obstacles and obstructions upon or under the terrain and other natural or man-made conditions which may be hazardous to the participant or create hazards to the participant's activities. The undersigned further acknowledges and assumes all risk of injury and/or damage to the participant, which may result from any reason whatsoever thereby;

EMERGENCY. – In the event of an emergency, if I, the undersigned parent or guardian, cannot be reached, I give permission to the Zoo's supervisory staff to obtain whatever medical attention is necessary for the participant's well being;

BINDING EFFECT. – The foregoing provisions shall be fully binding upon and shall be effective against the undersigned, its heirs, successors, legal representatives or assigns and shall apply to the actions of the undersigned personally, the undersigned's family, guests, employees or agents. By signing below, I acknowledge that I understand and accept these requirements and provisions.

As a participant, I will endeavor to perform activities safely and follow the directions given to me by Zoo staff.

IN WITNESS WHEREOF, the Agreement is executed this _____ day of _____, 20__.

Name of Participant (Please print) _____

Signature of Participant _____ Date _____

Birth Date _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Dept: _____ Activity/Reason: _____
CHECK ONE: ___Single Day ___Recurring Days

Emergency Contact Information:

Name _____ Phone _____

Name _____ Phone _____