The Children’s Museum Wildlife Sanctuary

Release of Liability

In consideration of receiving permission from The Children’s Museum (TCM), to participate in any Wildlife Sanctuary programs at the Wildlife Sanctuary, I the undersigned, state and agree as follows:

1. I agree to abide by the instructions, rules and regulations of Wildlife Sanctuary staff regarding all Wildlife Sanctuary activities.
2. I am in good health and I am aware of no physical problem or condition that will limit or interfere with my ability to participate as a Wildlife Sanctuary program participant under either predicted or emergency conditions.
3. I am aware that, even in the course of normal activities, working with wild, confined animals is a hazardous activity and inherently dangerous. I agree that I am participating in Wildlife Sanctuary activities at my own risk, and acknowledge that TCM makes no warranty or representation, expressly or implied, regarding the condition of the Wildlife Sanctuary facilities or the health, temperament or non-venomous nature of any animal or the safety of such activities.
4. I agree to waive and release TCM its officers, directors, and employees from any and all claims, liabilities, losses, damage, costs and expenses resulting from any injury to me or damage to my property arising out of my participation in Wildlife Sanctuary activities. I further agree to be responsible for any injuries to myself or others or damage to my property or that of others caused by my failure to follow instructions, reckless disregard for same or failure to act in a reasonably prudent manner, or because of any inaccurate statements I have made in this release.
5. By signing below I acknowledge that I have read and understand this form, and the statements that I have made in it are all true.

__________________________________________  __________________________
Signature                  Date                      Signature of Parent or Guardian

Print name:__________________________________________________________

Acknowledgment by Supervisor

By signing below, I acknowledge, that I have thoroughly reviewed this form with the student named above.

__________________________________________  __________________________
Signature of Animal Curator                  Date