

Jonathan's Reptiles

Release of Liability Waiver

In exchange for participation in the activity organized by Jonathan's Reptiles, I agree for myself and (if applicable) for the members of my family, to the following:

Agreement to follow directions. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Jonathan's Reptiles' instructors, employees, representatives, or agents of Jonathan's Reptiles.

Assumption of the risks and release. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Jonathan's Reptiles for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Jonathan's Reptiles, whether caused by the fault of myself, my family, Jonathan's Reptiles, or other third parties.

Live animals. I understand participation in the activity organized by Jonathan's Reptiles includes exposure to live animals. Such exposure carries risks of death, injury, illness, or being bitten, constricted by, urinated on, or defecated on by a live animal.

Fees. I agree to pay for all damages or injuries to the facilities or animals of Jonathan's Reptiles caused by any negligent, reckless, or willful actions by me or my family.

Medical Authorization. In the event of an injury during the above described activities, I give my permission to Jonathan's Reptiles or to the employees, representative or agents of Jonathan's Reptiles to arrange for all necessary medical treatment for which I shall be financially responsible. I hereby authorize Jonathan's Reptiles to seek appropriate medical treatment or attention on behalf of myself or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital. I also give Jonathan's Reptiles authority to authorize medical treatment for medical treatment or procedures in an emergency situations.

I have read and understand this document. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Participant Name: _____

Signature: _____ **Date:** _____

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of (Child's name) _____ and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: _____

Relationship to Minor: _____

Signature: _____ **Date:** _____

Emergency Contact:

In case of an emergency, please call _____ at _____