



The above person(s) (herein after a Participant) wish(es) to have access to certain facilities of, and participate in activities at, the San Francisco Zoo ("Zoo"), including but not limited to, access to and use of the climbing wall, ropes course, and zip line. As a condition of participation, I hereby release and discharge the Zoo and all its officers, employees, agents and volunteers from any and all claims for personal injuries or property damage that I, or Participant, may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities or individuals described above.

I agree to take instruction on proper use and care of the program equipment involved. Participant and I agree to abide by the rules and regulations, policies and procedures, governing the above-described activity. Participant and I agree that Zoo may take and use my photo without restriction or compensation.

I understand that Participant and I may be suspended and/or evicted from the program, without appeal if I or Participant is in violation of rules and regulations and instructions of staff, including, but not limited to, possession of a weapon, illegal substances, threats or rude behavior and will forfeit Participant(s) and my rights to a refund for any portion of the program fees.

I hereby warrant and represent that Participant is physically fit and capable of participating in such activity, WITHOUT RESTRICTION. I agree that in the event Participant is injured as a result of participation in the above named activity or program, including transportation to and from these activities whether or not caused by the negligence, active or passive, of the Zoo, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be FIRST had against any accident, hospital, medical or dental insurance, or any benefit plan of mine or my estate.

I further understand that accidents and injuries can arise out of participation in the Zoo programs and activities, and from the use of equipment in connection with the programs and activities. Nevertheless, I hereby agree on my behalf, or on behalf of Participant, to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who, through carelessness or negligence, might otherwise be liable to me, or Participant, for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my, or Participant's heirs and assigns. I hereby give permission to the physician, nurse, dentist or licensed emergency care staff selected by the supervisory personnel then present to render medical, dental, or other treatment deemed necessary and appropriate.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required for all minors under 18 years of age)