



Kangaroo

Zoo

SOCKS REQUIRED

WAIVER

ACKNOWLEDGMENT OF RISK - RELEASE OF LIABILITY & PARTICIPANT AGREEMENT @ KANGAROO ZOO!

Understanding that all reasonable precautions have been taken to assure that DIVINA, Inc, dba KANGAROO ZOO is as safe as possible, I understand that the inflatables and activities at KANGAROO ZOO have inherent risks and may result in serious injury, paralysis or death. I further understand that the activities and inflatables will be shared with others over whom KANGAROO ZOO has no control; and

I, for myself, and/or as parent, legal (court appointed) guardian or custodian, knowingly and freely accept and assume all risks, both known and unknown, and AGREE TO RELEASE, DEFEND, INDEMNIFY, NOT SUE AND HOLD HARMLESS KANGAROO ZOO, their principals, officers, owners, shareholders, employees, equipment manufacturers, sponsors, agents and other participants, from any and all claims, damages, (including medical expenses and attorneys' fees), injuries (including disabilities, paralysis and death) and expenses arising out of, or resulting from my voluntary attendance/participation at KANGAROO ZOO, or the voluntary attendance/ participations of those for whom I have signed below; and

I, for myself, and/or as parent, legal (court appointed) guardian or custodian, willingly agree to comply with the stated and customary terms, rules, and conditions for attendance/ participation, including attending a safety lesson prior to entering the play arena; I warrant and certify that all participants are physically fit and able to participate in all activities at KANGAROO ZOO; and if I become aware of or observe any hazard or any potentially dangerous condition during my attendance/participation, I will notify the nearest employee immediately; and

I, for myself, and/or as parent, legal (court -appointed) guardian or custodian, have carefully read the above participation agreement, assumption of risk acknowledgment and release of liability, hereby agree to be bound by it for myself and all minor participants listed below, and fully understand its contents. I have the permission from the minor's family or other responsible party to cover minor under this agreement.

In the event that medical attention is needed for myself, or any of the attendees listed below, I grant permission for the basic first-aid and assistance to be administered by KANGAROO ZOO staff. In the event that advanced first-aid is required, KANGAROO ZOO will call 911 and I authorize for medical care to be administered as required by a trained medical professional. I agree to release KANGAROO ZOO from all claims, damages, injuries and expenses arising out of such assistance, including any claims arising from contact needed to administer assistance.

ADULT NAME [print first and last name]

ADULT SIGNATURE

DATE

EMERGENCY PHONE & CONTACT INFORMATION

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Phone Number:
Contact:

ADULT NAME [print first and last name]

ADULT SIGNATURE

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MINORS

First Name	Last Name	Age	First Name	Last Name	Age
1/			2/		
3/			4/		