

Treetop Zoofari Zip line and Adventure Park at the Metro Richmond Zoo

WAIVER AND RELEASE OF LIABILITY

(Read Carefully)

In consideration for the opportunity to experience the Treetop Zoofari Zip line and Adventure Park at the Metro Richmond Zoo, I acknowledge and agree as follows:

I understand that Treetop Zoofari is a physically challenging obstacle course through the tree canopy over the Metro Richmond Zoo. I understand that the course consists of rope bridges, ladders and zip lines as high as 45 feet above the ground. It is intended to be physically and mentally challenging. It is not for the faint of heart or people who fear heights. I fully understand and acknowledge that: (a) the Treetop Zoofari Zip line and Adventure Park is potentially dangerous; (b) the Treetop Zoofari Zip line and Adventure Park will expose me to the risk of personal injury or death from falls, failure to use equipment properly, equipment malfunction, failure to follow instructions and other foreseeable and unforeseeable causes; and (c) the risk of injury or death may arise from the forces of nature, my own negligence or the negligence of other people, including other participants or Treetop Zoofari Zip line and Adventure Park employees.

I hereby assume all risks and dangers, and all responsibility for all injuries, losses and damages I may sustain on or as a result of my participating in the Treetop Zoofari Zip line and Adventure Park.

On behalf of myself, my personal representatives and heirs, I hereby voluntarily, release, waive, discharge, hold harmless and indemnify Metro Richmond Zoo, Inc., its owners, employees, parent companies, successors, officers and agents (collectively, the "Treetop Zoofari Zip line and Adventure Park and Metro Richmond Zoo") from any and all claims, causes of action, losses and damages for bodily injury, wrongful death, loss of services or otherwise that may arise from my participating in the Treetop Zoofari Zip line and Adventure Park, including claims based on the theories, negligence, strict liability or otherwise.

I HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT I CERTIFY THAT I FOREVER INTEND TO RELIEVE THE TREETOP ZOOFARI ZIPLINE AND ADVENTURE PARK AND THE METRO RICHMOND ZOO FROM LIABILITY FOR PERSONAL INJURY OR DEATH RESULTING FROM ITS NEGLIGENCE OR FROM ANY OTHER CAUSE.

Print Name

Age

Date of Birth

Telephone Number

Signature

Address

City, State and Zip

Date