

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

## PERMISSION WAIVER AND RELEASE OF LIABILITY

(Read Carefully)

I hereby give permission for my child, \_\_\_\_\_, whose age is \_\_\_\_\_ years, to participate  
(First) (Last)

in the Junior Explorer and Treetop Zoofari Challenge Courses at the Treetop Zoofari Zip line and Adventure Park located at the Metro Richmond Zoo.

### **By my signature below, I acknowledge and agree that:**

As parent/guardian of this child, I have authority to execute this permission waiver and Release of Liability;

My child is required to listen carefully during the mandatory briefing session presented by Treetop Zoofari Zip line and Adventure Park staff, to follow all the safety rules, and to undertake the activities in a responsible manner;

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 my child 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 child's negligence or the negligence of other people, including other participants or Treetop Zoofari Zip line and Adventure Park employees. Treetop Zoofari Zip line and Adventure Park courses are not guided; signifying that Treetop Zoofari Zip line and Adventure Park staff will not go on the course(s) with my child, but will remain on the ground to monitor the activity of the participants. They will offer up guidance, encouragement, and will be available to help in the event that my child has any difficulty with the course(s). Adult chaperones of the group with which my child is attending the Treetop Zoofari Zip line and Adventure Park will follow along on the ground, or if required, on the course(s) with the group.

My child has no physical or emotional disabilities that may negatively impact his/her ability to participate in any adventure activity his/her group may be performing;

I assume and accept all risk for my child's participation in these activities, including, but not limited to, personal injury, death, and property damage.

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 the 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 mine own or my child's participation in the Treetop Zoofari Zip line and Adventure Park, including claims based on the theories that the cause of those injuries, losses or damages may be based upon the negligence, strict liability or otherwise of Treetop Zoofari Zip line and Adventure Park and Metro Richmond Zoo.

I authorize Treetop Zoofari Zip line and Adventure Park to administer all first aid measures my child may require, including the decision to transport my child or have my child transported to a hospital, all of which shall be done at my own expense;

Should my child prove unwilling or unable to follow the safety rules while undertaking a Treetop Zoofari Zip line and Adventure Park activity, Treetop Zoofari staff will refuse my child's continuation of the activity, and no refund of my child's admission fee will be granted.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Telephone Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip