



Liability Waiver Form

PLEASE READ THE FOLLOWING CAREFULLY AND IN ITS ENTIRETY. BY SIGNING YOU HEREBY AGREE TO THE TERMS OF THIS AGREEMENT AND ARE INTENDED TO BE LEGALLY BOUNDED THEREBY.

The parties tied to this contract are Norristown Zoological Society and/or their owners, affiliates, employees and agents, equipment manufacturers and distributors, and the persons signing below, including the participant in the activities of Treetop Adventures at Elmwood Park Zoo. This waiver must be READ, UNDERSTOOD, and SIGNED by all participants. Adults must sign on his/her own behalf. Participants age 16 and 17 require written consent from a parent or guardian. Individuals under the age of 16 must sign on his/her own behalf, with an accompanying signature by a "Parent" or "Accompanying Adult." Parents must sign on his/her own behalf, and on the behalf of the accompanying minor. Individuals do have the right to refuse signing this agreement, and Norristown Zoological Society and/or their owners, affiliates, employees and agents have the right to refuse participation as a result.

Please select who will be participating Adult Minor

You acknowledge that Treetop Adventures staff will not accompany you on the course during your activity, but instead remain on the ground to monitor your activity and the activities of other participants. Before beginning your activity, you are required to listen carefully to safety instructions and closely follow the mandatory rules provided by Treetop Adventures staff members. You acknowledge that you will comply with all instructions and rules; your failure to do so will result in the cancellation of your course activity. You further acknowledge that you will not be given a refund for your admission. Yes

In consideration for your participation and/or the participation of the minors in your care in the activities at Treetop Adventures, you hereby waive, release, discharge, and covenant not to sue Norristown Zoological Society D/B/A Elmwood Park Zoo and/ or their owners, affiliates, employees, or agents, equipment manufacturers and distributors (hereinafter collectively referred to as the "Releasees";) from and against any claim or cause of action, arising out of or related to any loss, damage or injury, that you may sustain while participating in the activities at Treetop Adventures, which result from an inherent risk as defined and/or provided for in Pennsylvania Statute §5524. You assume and accept all risk for your participation in these activities, including, but not limited to, personal injury, death, and property damage. Yes

You authorize Treetop Adventures Staff to administer first aid for injuries you may incur while participating in an activity. You further authorize Treetop Adventures Staff to arrange for your ambulance transportation to a hospital at your or a parent's/guardian's expense in the event of your incapacitation as a result of injury. Yes

You agree that this Liability Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Pennsylvania and that if any provision in this Liability Waiver is held invalid, the other provisions shall remain in full force and effect. Should you or anyone acting on your behalf choose to challenge the provisions of this Liability Waiver, you agree to indemnify and hold harmless Norristown Zoological Society for any and all attorney fees that you may incur. Yes

Participant Information:

Adult Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number () _____ - _____

Minor's Information:

PLEASE NOTE: Minors (ages 15 or under) MUST be accompanied on the TREETOP ZOOFARI/NIGHT ADVENTURE/QUICK ZIP courses by an adult/guardian that is 18 years or older. One adult may accompany up to two minors at a time; the adult must travel between the two minors at all times throughout the course.

I attest to be the parent or guardian of the minor child whose name appears on this waiver. The terms of this agreement and the rules that guests of Treetop Adventures are required to follow have been discussed with my child; he/she has expressed a full understanding and acceptance of the terms and rules. My signature below represents my consent for my child's participation and my covenant to release Norristown Zoological Society and/or their owners, affiliates, employees or agents from any claim which I may have. My signature below represents my covenant to release Norristown Zoological Society and/or their owners, affiliates, employees or agents from any claim which my child may have. Yes

Minor Name _____ Date of Birth _____

Parent/Guardian Email _____

By signing your name below, you acknowledge that you have read and agree to all provisions of this Liability Waiver and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature _____ Today's Date _____