



PARTICIPANT LIABILITY WAIVER
and
HOLD HARMLESS AGREEMENT

Minor's Name(s): _____

Please read this form carefully and be aware that by registering for and participating in this program or by registering your minor child/ward for participation in this program, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless, and defend Fox Valley Wildlife Center for any claims arising out of participant in said program.

Risk of Injury - As a participant, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damage, or loss which I or my child/ward may sustain as a result of participating in any and all activities associated with this program.

Waiver of Injury Claims - I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.

Release from Liability - I do hereby fully release and discharge the Fox Valley Wildlife Center and its directors, officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

Indemnity and Defense - I further agree to indemnify, hold harmless and defend the Fox Valley Wildlife Center and its directors, officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

Medical Authorization - In the event of any emergency, I authorize the Fox Valley Wildlife Center to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's or ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

Signature: _____ **Date:** _____

Participants Name(print): _____

Address: _____

Mobile #: (_____) _____