

## **Idaho Falls Zoo at Tautphaus Park Education Program Participant Waiver**

In consideration of the Idaho Falls Zoo at Tautphaus Park permitting me to associate myself with this program, I hereby voluntarily assume all risks associated with participation and agree to discharge and release the City of Idaho Falls, its agents, servants, and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to this program.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I agree that the participant is in good health. There is no medical reason why he/she is not able to participate in this program. If a participant requires special attention to participate in a program, I agree to provide the appropriate qualified support personnel.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that my child may sustain while participating in any activity associated with the program.

Idaho Falls Zoo at Tautphaus Park reserves the right to dismiss any program participant for failure to comply with policies and procedures.

I understand that it is my obligation to have a health and accident insurance policy in effect while participating in this program or to otherwise be responsible for all medical expenses which may be incurred as a result of an accident while participating in the program.

Idaho Falls Zoo at Tautphaus Park is not responsible for any items lost or stolen while on city property.

It is understood and agreed to that photographs may be taken of group activities by people associated with the City of Idaho Falls. It is understood and agreed to that these photographs may be used by the City for promotional purposes related to the City's programs.

Registration is NOT finalized until complete payment has been received by the City of Idaho Falls.

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Name of Participant

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Signature of Legal Guardian

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Date