



**CONNECT
CARE
CONSERVE**

Name of Participant: _____

Name of Program: _____

Waiver, Release of All Claims and Hold Harmless Agreement for Chicago Zoological Society (d/b/a, Brookfield Zoo Chicago) and the Forest Preserve District of Cook County.

READ CAREFULLY

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the Chicago Zoological Society and the Forest Preserve District of Cook County for any injuries that I might sustain while participating in the program. The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.

I do hereby fully release and discharge the released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the released parties from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in the program.

I understand the nature of the program in which I am participating, and have read and fully understand this Waiver, Release and Hold Harmless Agreement.

In exchange for participation in the program, I agree to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to any oral instruction given by Chicago Zoological Society representatives.
2. I recognize that there are certain inherent risks associated with participation in the program and I assume full responsibility for personal injury to myself, and further release and discharge the released parties for injury, loss, or damage arising out of my participation in the program, whether caused by the fault of myself or other parties.
3. Any legal or equitable claim that may arise from participation in the above program shall be resolved under Illinois law.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Participant Signature _____ Date _____

Parent/Guardian Signature (if participant is under 18 years of age) _____ Date _____

3300 Golf Road
Brookfield, IL 60513

708.688.8000
info@brookfieldzoo.org



Brookfield Zoo Chicago is a private nonprofit organization operated by the Chicago Zoological Society on land owned by the Forest Preserves of Cook County.