Chicago Zoological Society

Secrets of South American Program Participant Waiver

I understand that I will be entering animal enclosures as part of the Tropic World Secrets of South America ("Program"). I UNDERSTAND THAT THE PROGRAM IS INHERENTLY DANGEROUS, AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE CHICAGO ZOOLOGICAL SOCIETY, THE BROOKFIELD ZOO AND THEIR RESPECTIVE EMPLOYEES, OFFICERS AND TRUSTEES, RELATED TO OR ARISING FROM THE PROGRAM.

I consent to the use of my likeness in photographic, digital or electronic media by the Chicago Zoological Society in connection with the Program.

I attest that I meet the following requirements for the Program:

I am at least 12 years of age.

I possess the ability to read, speak and understand English without the use of an interpreter.

I am not pregnant.

I understand that if I am 18 years old or younger, I must have a parent or guardian report to the Program with me for an introduction and sign my liability waiver.

I will not enter an animal area without direction from the Animal Care staff and I will wait for instructions and authorization from the Animal Care staff before attempting to interact with the animals.

If I haven't done so prior to my arrival, I will remove all jewelry (smooth wedding bands excepted) prior to going to the exhibit area. Prescription lenses worn for vision correction are acceptable.

I will not carry a personal camera.

I understand that if I am under the influence of alcoholic beverages or any type of controlled substance I will forfeit my right to participate in the Program.

I attest that I am in good general health and physical condition, suitable for Program participation.

I understand that the Chicago Zoological Society reserves the right to cancel the Tropic World Secrets of South America program at any time where the best interest of the animals is concerned. I also understand that it is the animal's choice to participate in the program. I understand that I will be removed from the Program for failure to comply with the established rules and guidelines as set forth here, as established by the Chicago Zoological Society and as communicated by the Animal Care staff members. By signing below, I acknowledge that I have read the above rules and agree to follow them and that the foregoing is true and accurate.

Please indicate the name and phone number of the individual who should be contacted in the case of emergency.

_____ _____

If participant is under 18 years of age, please indicate the names and phone numbers of individuals who have permission to pick up the participant from the Secrets of South America program:

_____ _____

_____ _____

Guest Signature _____ Date _____
(If under 18 years of age, must be signed by a parent or guardian)