Chicago Zoological Society

Sunrise with Okapi Program Participant Waiver

I understand that I will be entering animal enclosures as part of the Sunrise with Okapi Backstage Adventure (the "Program"). I UNDERSTAND THAT THE PROGRAM IS INHERENTLY DANGEROUS, AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST THE CHICAGO ZOOLOGICAL SOCIETY, THE FOREST PRESERVE DISTRICT OF COOK COUNTYAND 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 possess the ability to read, speak, and understand English without the use of an interpreter.

I will not enter an animal area without direction from the Animal Programs staff and I will not touch any 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 Sunrise with Okapi Adventure 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.

_____ _____

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