



Greensboro Science Center - Hospital Tour Waiver of Liability

I understand that I will be entering animal enclosure areas and service areas to interact with collection animals as part of a Hospital Tour experience (the "Program").

I UNDERSTAND THAT THIS PROGRAM CAN HAVE INHERENT DANGERS, AND I HEREBY WAIVE ANY AND ALL CLAIMS AGAINST, AND WAIVE, RELEASE, AND HOLD HARMLESS THE CITY OF GREENSBORO, THE GREENSBORO SCIENCE CENTER, AND THEIR RESPECTIVE EMPLOYEES, OFFICERS, TRUSTEES, VOLUNTEERS, GUESTS, AND ANY OTHER RELATED REPRESENTATIVES, FROM AND AGAINST ANY AND ALL FAULT, NEGLIGENCE, LIABILITIES, COSTS, CLAIMS, ACTIONS, DAMAGES, DEMANDS, PENALTIES, LAWSUITS, AND EXPENSES RELATED TO OR ARISING FROM THE PROGRAM AND MY PARTICIPATION THEREIN.

I consent to the use of my likeness in print, photographic, digital, electronic, or social media by the Greensboro Science Center in connection with the Program.

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

I am at least 8 years of age. I understand that if I am under the age of 16, I must have a parent or legal guardian participate in the program with me.

I will not enter any animal area without the direction from the Greensboro Science Center staff and I will wait for instruction and authorization from the Greensboro Science Center staff before attempting to touch the animals (if applicable). I will avoid touching the animal's eyes, mouth, or genital area during my interaction with the animals.

I will refrain from wearing any loose or dangling jewelry or from wearing any pins or hats.

I will not use a personal camera or any other device capable of capturing photos or video unless I have the expressed permission of Greensboro Science Center staff.

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. Some accommodations can be made but many behind the scenes areas are not handicap accessible.

I understand that the Greensboro Science Center reserves the right to cancel the Zoo Trek at any time where the best interest of the animals is concerned. I also understand that is the animal's choice to participate in the Program. I understand I will be removed from the Program at any time if I fail to comply with the established rules and guidelines set forth here and by Greensboro Science Center staff.

By signing below, I acknowledge that I have read the above rules and agree to follow them and any other directions provided by the Greensboro Science Center staff and that the foregoing is true and accurate.

Participant's Name (Printed): _____

Participant's Signature: _____

Date of Program: _____

Legal Guardian (If under 18): _____