

OKEECHOBEE HATCHERY

Petting Zoo Liability Waiver and Release Form

Participant Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

ACKNOWLEDGMENT OF RISK

I, the undersigned parent or legal guardian, understand that interaction with animals, including but not limited to feeding, petting, and handling, involves inherent risks. These risks may include, but are not limited to: bites, scratches, kicks, allergic reactions, falls, or other injuries that may result in serious harm.

I acknowledge that my child is voluntarily participating in activities at the Okeechobee Hatchery petting zoo with full knowledge of these risks.

RELEASE OF LIABILITY

In consideration for allowing my child to participate, I hereby release, waive, and discharge Okeechobee Hatchery, its owners, employees, volunteers, and affiliates from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, injury, or illness, including serious injury or death, that may be sustained by my child while participating in petting zoo activities.

PARENT/GUARDIAN RESPONSIBILITY

I understand and agree that:

- I am solely responsible for supervising my child at all times.
 - My child will follow all posted rules and staff instructions.
 - Failure to follow rules may result in removal from the petting zoo area.
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INDEMNIFICATION AGREEMENT

I agree to indemnify and hold harmless Okeechobee Hatchery from any claims, damages, or expenses arising from my child's participation in petting zoo activities.

MEDICAL AUTHORIZATION

In the event of an emergency, I authorize Okeechobee Hatchery staff to seek medical treatment for my child. I understand that I am responsible for any costs associated with such treatment.

PHOTO/VIDEO RELEASE (Optional)

- I grant permission for my child's image to be used for promotional purposes.
 - I do NOT grant permission.
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GOVERNING LAW

This agreement shall be governed by and interpreted in accordance with the laws of the State of Florida.

SIGNATURE

I have read this waiver, fully understand its terms, and voluntarily agree to it.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____