



## Waiver And Release of Liability – Minor

Print Minor’s Name \_\_\_\_\_

Print Parent’s/Guardian’s Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Minor’s Date of Birth \_\_\_\_\_ Minor’s Age \_\_\_\_\_

Zoo Volunteer \_\_\_\_ Zoo Intern \_\_\_\_

Date Beginning \_\_\_\_\_ Date Ending \_\_\_\_\_

I am the parent or legal guardian for the above-named minor child and I agree to allow my child to participate as a Volunteer or Intern at the David Traylor Zoo of Emporia. I further agree to allow to my child to ride in City of Emporia vehicles driven by licensed drivers as part of my child’s volunteer or intern work. I understand that there are inherent risks associated with my child’s participation as a Volunteer or Intern, including, but not limited to risk of injury, illness, or death. I understand that the City of Emporia does not and cannot guarantee the health and safety of any person acting as a Volunteer or Intern at the David Traylor Zoo of Emporia.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate as a Volunteer or Intern, on behalf of my child, myself, my family, heirs, and personal representative(s) or administrators, I, the undersigned, consent to my child’s participation as a Volunteer or Intern and agree to assume any and all risks and responsibilities surrounding my child’s participation in this activity. I hereby release, forever discharge, and covenant not to sue the City of Emporia, Kansas, its governing board, officers, agents, employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to my child’s participation as a Volunteer or Intern at the David Traylor Zoo of Emporia.

In consideration for my child being permitted to participate, I do hereby waive and release any claim, demand or action against the City of Emporia, its officers and employees and their insurers and sureties for any act, occurrence, accident or consideration, including negligence during the periods of volunteering. I am voluntarily subjecting myself to the events foreseen and unforeseen occurring in the performance of duties as a Volunteer or Intern. I fully understand this Waiver and Release.

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_