



**Release and Waiver of Liability, Assumption of Risks and Indemnity Agreement**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

Email: \_\_\_\_\_

Lions Tigers & Bears is a California not for profit corporation (“LTB”). It operates a federal and state licensed rescue facility dedicated to providing a safe haven for unwanted and abused animals. Please check the following box if you would not like to be added to our emailing list .

In consideration of LTB allowing me to participate in any and all activities offered including the Feed an Animal Experience and Behind the Scenes Experience at its facility, I agree, on my behalf and on behalf of my heirs, beneficiaries, legal representatives, successors and assigns, to the following:

1. **Assumption of Risks.** I am fully aware that the animals are undomesticated and dangerous. I understand there are unique risks and inherent dangers associated with coming into contact with such animals and I run the risk of personal injury or even death. I further understand exotic cats are carnivores and are fed an all-raw meat diet. I realize I may become ill or get diseases from such raw meats and carcasses. I also realize exotic cats may transmit diseases to me merely by my coming into contact with them. Despite the unique risks and inherent dangers associated with coming into contact with these animals, I freely accept and fully assume any and all risks, dangers and hazards that may occur including, but not limited to, personal injury, illness, death, property damage or loss, whether caused in whole or in part by the ordinary negligence (active or passive) or conduct (intentional or unintentional) of LTB. At no time will I tease any animals or touch the fence.

\_\_\_\_\_  
initial

2. **Promise Not to Sue.** I will not sue, or otherwise make any claims against, LTB, or any of its members, officers, directors, employees, agents, lessors, contractors or volunteers, for any personal injury, illness, death, property damage or loss I may sustain as a result of my activities at LTB, participating in LTB activities and/or caring for LTB’s exotic animals, whether caused in whole or in part by the ordinary negligence (active or passive) or conduct (intentional or unintentional) of LTB, or any of its members, officers, directors, employees, agents, lessors, contractors or volunteers.

\_\_\_\_\_  
Initial

3. **Release of Liability.** I fully waive, release and discharge LTB, and its members, officers, directors, employees, agents, lessors, contractors and volunteers, from any and all liability or claims for any personal injury, illness, death, property damage or loss which I may sustain as a result of my activities at LTB, whether caused in whole or in part by the ordinary negligence (active or passive) or conduct (intentional or unintentional) of LTB. I intend this release to be as broad as possible under applicable law.

\_\_\_\_\_  
initial

4. **Promise to Indemnify.** I agree to indemnify, defend and hold LTB, and its members, officers, directors, employees, agents, lessors, contractors and volunteers, harmless from and against any and all damages, claims, liabilities, demands, causes of action,

judgments, settlements, losses, costs or expenses (including attorneys' fees or medical expenses) arising out of any personal injury, illness, death, property damage or loss to anyone else which occurs as a direct or indirect result of my activities at LTB, or my actions or failure to act while participating in LTB activities.

\_\_\_\_\_  
*initial*

5. **Consent to Medical Treatment/Emergency Contact.** I give permission to LTB to administer first aid and to arrange for medical care and treatment for me in case of a medical emergency. I also give permission to the health care professional selected by LTB to examine, diagnose and treat me, or secure treatment for me, if proper and necessary under the circumstances. A photocopy of this consent will be valid and may be accepted as the original. I acknowledge that I am solely responsible for any and all charges for medical services provided to me or on my behalf. In case of emergency, please contact:

\_\_\_\_\_  
*Initial*

Hospital Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

6. **Compliance with Applicable Laws.** I agree to comply with all applicable federal, state and local laws, ordinances and regulations governing the care of LTB's exotic animals and LTB's facility. I further agree to comply with all LTB rules, policies and practices. I understand if I fail to comply with the provisions of this paragraph, I will no longer be able to participate in its activities and may be asked to leave the property.

\_\_\_\_\_  
*initial*

7. **Photo Policy.** I understand that all photographs and video taken on the LTB premises are for personal use only and not to be used for professional promotion, distribution or gain.

\_\_\_\_\_  
*initial*

I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ ITS PROVISIONS AND FULLY UNDERSTAND ITS CONTENTS. I HAVE ALSO HAD THE OPPORTUNITY TO ASK QUESTIONS CONCERNING THE LIFE THREATENING DANGERS INVOLVED WITH LTB'S EXOTIC ANIMALS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND THAT I WILL BE FOREVER PREVENTED FROM SUING OR OTHERWISE MAKING ANY CLAIM AGAINST LTB, OR ITS MEMBERS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, LESSORS, CONTRACTORS AND VOLUNTEERS WITH RESPECT TO ANY CLAIMS HEREBY RELEASED.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Printed Name

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Accompanied Minor (s): \_\_\_\_\_

\_\_\_\_\_