



# Divergent Exotics

## Release of liability form

In exchange for participation in the activity organized by Divergent Exotics, I agree for myself and (if applicable) for the members of my family, to the following:

**Agreement to follow directions.** I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Divergent Exotics' instructors, employees, representatives, or agents of Divergent Exotics.

**Assumption of the risks and release.** I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Divergent Exotics for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Divergent Exotics, whether caused by the fault of myself, my family, Divergent Exotics, or other third parties.

**Live animals.** I understand participation in the activity organized by Divergent Exotics includes exposure to live animals. Such exposure carries risks of death, injury, illness, or being bitten, constricted by, urinated on, or defecated on by a live animal.

**Fees.** I agree to pay for all damages or injuries to the facilities or animals of Divergent Exotics caused by any negligent, reckless, or willful actions by me or my family.

**Medical Authorization.** In the event of an injury during the above-described activities, I give my permission to Divergent Exotics or to the employees, representative or agents of Divergent Exotics to arrange for all necessary medical treatment for which I shall be financially responsible. I hereby authorize Divergent Exotics to seek appropriate medical treatment or attention on behalf of myself or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or hospital. I also give Divergent Exotics authority to authorize medical treatment for medical treatment or procedures in emergency situations.

**I have read and understand this document. I further understand that by signing this release, I voluntarily surrender certain legal rights.**

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of (**Child's name**) \_\_\_\_\_ and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:** In case of an emergency, please call (Name) \_\_\_\_\_ at # \_\_\_\_\_