# Earth Promise dba Fossil Rim Wildlife Center
## Accident Waiver and Release of Liability Form

Name of activity or event_____ Date of activity event_____

**I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT,** including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by Earth Promise, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

**I WAIVE, RELEASE, AND DISCHARGE from any and all liability**, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft , or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** Earth Promise dba Fossil Rim Wildlife Center and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and /or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIBILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

_____ _____ _____Date_____

Print Participant's Name | Age | Signature (If under 18, Parent or Guardian must sign)

Emergency Contact Information

_____ _____

Name of Contact | Phone Number of Contact