Office	use only. Last name of group:	Date/Time of Encour	nter:
Office use only. Last name of group.		Number of participants:	
		RELEASE OF LIABILITY	
use of		h Encounter" conducted at Out of Africa Wildlife I rica Wildlife Park, LLC (the "Park"), I agree for my	
1.	manner while inside any animal enclosure and personal property away from an anim or any other area as directed by the staff.	L ENCOUNTERS: I agree to conduct myself in are. This includes, but is not limited to, keeping a qual's face, petting the animal(s) gently and respective Park assures all participants that any anima unter has had all its current vaccinations and is s	uiet voice, keeping my body atfully while avoiding the face I that they may come into
2.		S: I agree to observe and obey all posted rules a given by the employees, representatives, or age	
3.	RIGHTS RESERVED BY OUT OF AFRICA WILDLIFE PARK, LLC: The Park reserves the right to cancel or postpone the above-described activity for any reason either before or during the activity. All employees, representatives, or agents of the Park are also granted the right to deny or restrict access to the animals or their enclosures from any participant for any reason at any time.		
4.	described activity and I assume full responsements and I further release and discharge family's/group's use of or presence upon the second sec	EASE: I understand that there are inherent risks nsibility for personal injury to myself and (if applicance the Park for injury, loss or property damage at the facility of the Park whether caused by the fauthe above-described activity, or other third parties	cable) my family/group arising out of my or my It of myself, my family/group,
5.	been given a reasonable opportunity to re	hat I am under no pressure or duress to sign this eview it before signing. I further agree and acknown participate in the above-described activity if I choose	wledge that the Park has
THAT I RESPO APPLY DESCR	VOLUNTARILY SURRENDER CERTAIN L DNSIBILITY FOR ALL MEMBERS OF MY F TO ALL PARTIES WHOSE NAMES ARE F RIBED ACTIVITY MUST HAVE THEIR NAM	DGE THAT I HAVE READ THIS DOCUMENT AN LEGAL RIGHTS. I ALSO ACKNOWLEDGE, BY S FAMILY/GROUP AND THAT ALL THE ABOVE TH PRINTED BELOW. EVERYONE PARTICPATING MES PRINTED ON THIS RELEASE TO BE GRAI JMENT WILL BE AFFORDED THEIR OWN COP	SIGNING, THAT I AM TAKING ERMS AND CONDITIONS G IN THE ABOVE NTED ACCESS. ANYONE
(PRINT	FULL NAME OF PARTICIPANT)	(SIGNATURE OF PARTICANT)	(DATE)
		,	

(PRINT FULL NAMES OF ADDITIONAL PARTICIPANTS, IF APPLICABLE)