

Metro Parks-Point Defiance Zoo & Aquarium
EYE TO EYE SHARK PROGRAMS
MINOR PARTICIPANT AGREEMENT TO WAIVE AND RELEASE ALL CLAIMS

I am the parent; guardian or representative of the minor named below and have the legal capacity and authority to act on his or her behalf. I make this Agreement to Waive and Release All Claims in consideration for the minor being permitted by Metro Parks-Point Defiance Zoo & Aquarium in the Eye-to-Eye Shark Dive program. The minor is participating in the following Eye-to-Eye dive program:

Non SCUBA certified **Cage** dive program. I verify that the minor is **8** years or older.

On behalf of myself and my heirs, executors and assigns, I waive and release any and all claims for damages for death, personal injury or loss of or damage to property against Metro Parks-Point Defiance Zoo & Aquarium and its officers, directors, employees, volunteers and other representatives which I may have or which I may have in the future arising out of or relating to the minor's participation in the Program and his or her use of equipment or facilities provided as part of the Program. Furthermore, I agree not to bring any action or permit any action to be brought against Metro Parks-Point Defiance Zoo & Aquarium or its representatives by or on behalf of the minor on account of loss of or damage to property or bodily injury, including death, as a result these activities or his/her presence at Metro Parks-Point Defiance Zoo & Aquarium in connection with the Eye to Eye Shark Dive program, whether the same shall arise by negligence or otherwise.

I am aware of the risks of participation in the program, such as activities in the water, scuba diving, and other hazardous activities. I understand that any activity in the water, such as scuba diving use may be hazardous and involve risks which may lead to serious injury or death, such as mechanical failure, diver error, hazardous sea life including but not limited to sharks, and other foreseen and unforeseen causes. I understand that scuba diving/snorkeling are physically strenuous activities and that the minor will be exerting himself/herself during these activities and that if the minor is injured as a result of heart attack, panic, hyperventilation, drowning, or any other cause whatsoever, that I will hold harmless the Metro Parks-Point Defiance Zoo & Aquarium. I further understand that the minor will be diving with and exposed to marine life including but not limited to sharks. I understand and acknowledge that these are wild animals and their behavior cannot be predicted or controlled. I affirm that if I am in case of injury or death by any such marine life, regardless of the cause, I will hold harmless the Metro Parks Tacoma, including its employees, directors, officers and volunteers, arising out of the minor's voluntary participation in this program.

I also acknowledge and agree that

- The minor will abide by all safety rules and instructions given by Aquarium personnel and Program leaders.
- The minor's participation in the Program is completely voluntary and at his or her own risk.

I voluntarily consent to the participation of the minor in the Eye-to-Eye Shark Diving program with knowledge of the dangers involved. It is my intention, by this agreement, to exempt and relieve METRO PARKS and its representatives from all liability for personal injury, property damage or wrongful death.

I hereby consent to the reproduction and use of the minor's photograph or reproduction, in whole or in part, or alone or in conjunction with other photographs, sketches, cartoons, art work, motion picture film, television program, commercial, videotape and text matter at the option of the Metro Parks of Tacoma without limitation, reservation or compensation.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF THE MINOR LISTED

FOR ALL MINOR PARTICIPANTS - Complete Both Pages

BELOW, AND METRO PARKS-POINT DEFIANCE ZOO & AQUARIUM, AND I SIGN IT OF MY OWN FREE WILL.

Name of Minor: _____

Address: _____

Name of Parent of Guardian: _____

Relationship to minor: _____

Program: **Eye to Eye Shark Dive**

Date of Program: _____

Signature of Parent, Guardian or Authorized Representative: _____

Date of Signature: _____