

International Zoological Expeditions, Inc (IZE)
Participant Agreement, Release and Acknowledgement of Risk

In consideration of the services of International Zoological Expeditions, Inc., it's agents, owners, officers, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter referred to as "IZE"), I agree to release and discharge IZE, on behalf of myself, my heirs, assigns, personal representatives and estate, as follows:

1. I understand and acknowledge that the activity I am about to engage in bears known and unanticipated risks, which could result in injury, death, illness, disease, emotional distress or damage to myself, property or to third parties. The following describe some but not all of these risks: bus transport, plane transport, boat transport, swimming, scuba diving, snorkeling, fishing, hiking, climbing, cave spelunking, night trekking, activities occurring while on rivers, oceans and land.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. my participation in the activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify IZE from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THE ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST IZE, IT'S AGENTS, OWNERS, OFFICERS, EMPLOYEES, OR ANY OTHER PERSON OR ENTITY ACTING IN ANY CAPACITY ON ITS BEHALF.

4. Should IZE or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement; I agree to indemnify them for such fees and costs.
5. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in this event, or else I agree to bear the costs of such injury or damage myself.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it affects my legal rights and will be bound by its terms.

Signature of Participant

Please Print Name

If under 18, signature of parent or guardian

Please print name

Complete Address: _____

Phone _____ Date _____