

# Sloth Encounter

## Cincinnati Zoo & Botanical Garden - Behind the Scenes Experience

I understand that I will be entering animal enclosures to interact with the two-toed sloth and other animals, as part of the Sloth Encounter (the "Program"). I UNDERSTAND THAT THE PROGRAM IS INHERENTLY DANGEROUS, AND I HERBY WAIVE ANY AND ALL CLAIMS AGAINST, AND WAIVE, RELEASE AND HOLD HARMLESS THE ZOOLOGICAL SOCIETY OF CINCINNATI, THE CINCINNATI ZOO & BOTANICAL GARDEN, AND THEIR RESPECTIVE EMPLOYEES, OFFICERS, TRUSTEES, AGENTS, REPRESENTATIVES, VENDORS, INVITEES, ATTENDEE, VOLUNTEERS, GUESTS AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, FROM AND AGAINST ANY AND ALL FAULT, NEGLIGENCE, LIABILITIES, COSTS, CLAIMS, ACTIONS, DAMAGES, DEMANDS, PENALTIES, LAWSUITS AND EXPENSES, RELATED TO OR ARISING FROM THE PROGRAM AND MY PARTICIPATION THEREIN.

I consent to the use of my likeness in print, photographic, digital, electronic or social media by the Cincinnati Zoo & Botanical Garden in connection with the Program.

I attest that I meet the following for requirements for the Program:

I understand that if I am 15 years or younger I must have a parent or legal guardian participate in the Program with me.

I will not enter an animal area without direction from The Cincinnati Zoo & Botanical Garden Animal Care staff and I will wait for instructions and authorization from The Cincinnati Zoo & Botanical Garden Animal Care staff before attempting to touch the animals. I will avoid touching the animal's eyes, mouth, or genital area during my interaction with the animals.

If I have not done so prior to my arrival, I will remove all jewelry (smooth wedding bands are excepted) prior to going to the exhibit area. I will remove any other similar items and/or electronics requested by The Cincinnati Zoo & Botanical Garden Animal Care staff.

I understand that if I am under the influence of alcoholic beverages or any type of controlled substance I will forfeit my right to participate in the Program. I attest that I am in good general health and physical condition, suitable for Program participation.

I understand that the Cincinnati Zoo & Botanical Garden reserves the right to cancel the Sloth Encounter Program at any time where the best interest of the animals is concerned. I also understand that it is the animal's choice to participate in the Program. I understand that I will be removed from the Program for failure to comply with the established rules and guidelines as set forth here, as established by The Cincinnati Zoo & Botanical Garden and as communicated by The Cincinnati Zoo & Botanical Garden Animal Care staff members. By signing below, I acknowledge that I have read the above rules and agree to follow them and any other directions provided by The Cincinnati Zoo & Botanical Garden Animal Care staff and that the foregoing is true and accurate.

Participant's Name (Printed):

\_\_\_\_\_

Participant's Signature:

\_\_\_\_\_  
(If under 18 years of age, must be signed by parent or legal guardian)

Participant's age if under 18: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_