

## School Group Agreement and Release from Liability

1. I acknowledge that I have voluntarily undertaken to enter upon lands owned and / or operated and / or leased by Cat Tales Wildlife Center, and/or Cat Tales Wildlife Academy and/or CAT TALES Inc. (hereinafter called CAT TALES Inc.)
2. I am aware that the lands upon which I am entering are inhabited by wild and undomesticated animals. I am also aware that these animals are dangerous and could cause me serious injury or death. I am voluntarily entering upon these lands with the knowledge of the dangers involved, hereby assuming and agree to accept any and all risk of injury or death.
3. As consideration for being permitted by CAT TALES Inc., to enter upon these lands, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make claims against, sue, or attach the property of CAT TALES Inc., or any of the staff of CAT TALES Inc., individually for injury or damage resulting from the negligence or other actions however caused by CAT TALES Inc. I hereby release CAT TALES Inc. or any of the staff of CAT TALES Inc., individually from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my entering upon these lands.
4. I assume and agree to accept any and all responsibility for any member of my family or individual entering upon these lands with myself that is under the age of eighteen (18) years of age. I further assume and agree that this includes any and all individuals in my charge and / or care including, but not limited to, school children, public or private, under the age of eighteen (18) years of age.
5. Consent to Medical Treatment: I authorize CAT TALES Inc. to provide to me, through personnel of its choice, medical assistance, including but not limited to, emergency medical services and transportation ("Medical Treatment") as CAT TALES Inc. determines necessary in the exercise of its sole discretion. I agree to pay all expenses resulting from the Medical Treatment. This consent does not impose a duty upon CAT TALES Inc. to provide such assistance, transportation, or services.
6. I grant permission for any film or electronic photo image taken of myself or member of the group I am responsible for to be used in the promotion of CAT TALES Inc., including, but not limited to, printed material and internet web sites, Facebook, etc., operated by CAT TALES Inc.
7. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and CAT TALES Inc., and any staff of CAT TALES Inc. individually, and sign it of my own free will.

**I, the undersigned do hereby certify that I have read, understand, and agree to the warning release and indemnity presented to me, and hereby promise and assure that I and all individuals in my group entering upon these lands with me will abide by the rules and restrictions, posted and otherwise, as set forth by CAT TALES Inc. and their staff. I further understand that failure to follow and / or comply with these rules may result in myself, and/or members of my group entering upon these lands with me, being removed from these lands by whatever means necessary, including force if necessary.**

**For the Supervisor(s) of the Group I (We), the undersigned, do hereby certify that the signatures on the attached page(s) were done by the individual, age 18 and older, and witnessed by me.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

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Print Name	Signature	Date	First Visit?

Please complete the following -

Total Number of Adults \_\_\_\_\_ Teens \_\_\_\_\_ Children \_\_\_\_\_

School \_\_\_\_\_ Grade(s) \_\_\_\_\_ Ages \_\_\_\_\_