



Everglades Outpost

35601 SW 192 Ave.

Homestead, FL 33034

(305)247-8000

Email: evergladesrefuge@aol.com

Website: [HTTP://www.Evergladesoutpost.org](http://www.Evergladesoutpost.org)

Name: _____

☐ Behind the Scenes tour

Address: _____

City: _____

St: _____

Zip: _____

Phone: _____

E-Mail: _____

Age: _____

If the participant is under 18 years of age:

I have read and understand the release I agree to all risks and responsibilities and stated agreements surrounding my child's participation an activities at the Everglades Outpost Inc.

Name of Child: _____

Date: _____

Parent or Guardian Signature: _____

Print Name of Parent/Guardian: _____

NOTICE TO ANYONE PARTICIPATING IN ACTIVITIES AT THE EVEGLADES OUTPOST INC

There are always some potential hazards associated with any kind of fieldwork/activities and working in the environments at the Everglades Outpost, Inc is no exception. With some care and awareness of your part, the risk of disease and/or injury can be reduced to levels comparable to those of any outdoor excursion. There are 3 broad categories of potential problems.

1. To avoid falling on uneven ground, watch where you are stepping at all times however tempting it may be to keep your eyes on the animals instead. NEVER RUN!
2. In addition to the normal outdoor biological risks in southern Florida, such as irritating plants and venomous animals, working and/or being in close proximity to animals potentially introduces additional hazards. The major potential risk is rabies, but any animal bites expose you to the possibility to wound infection. As is always the case, you should never handle a wild animal, should avoid being near one that is acting strangely, and you should not behave in any way that might induce an animal to bite you. You should, of course, be up to date on your tetanus toxoid injections.
3. There are additional risks in working closely with non-human primates. They may harbor organisms that cause disease in human beings, some surfaces you touch may have been in direct contact with monkey feces in the recent past, and it is thus probable that your hands, clothing and shoes, etc., are carrying trace remains of this contact, including viral and bacterial contamination. Because you may become infected by ingestions (e.g. handling food) or possibly even by contact with your mucosal surfaces or wound (e.g. scratching an itchy nose), it is important to practice good hygiene. These risks can be reduced by simply covering any existing sores or wounds with gauze bandage and by washing your hands and forearms frequently and thoroughly before you prepare any food or eat and before you touch your mouth, genitals, nose or eyes (or anybody else). It is also a good idea to clean the soles of your foot ware and wash your clothing at the conclusion of your day and/or activity.

RELEASE TO ANYONE PARTICIPATING IN ACTIVITIES AND/OR VOLUNTEERING AT THE EVEGLADES OUTPOST INC

THIS IS A LEGAL DOCUMENT. BY SIGNING IT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS. THAT SAID, PLEASE READ THIS DOCUMENT CAREFULLY.

For and in consideration of being allowed to undertake or participate in certain activities including but not limited to volunteering, observations, research, photography, tours, and or field research on animals at the Everglades Outpost, Inc facilities located at 35601 SW 192 AVE, Homestead, Florida.

I, _____, in full recognition and appreciation of the danger in such activities, hereby agree to voluntarily to assume all risk and responsibilities surround my participation. _____ (Initial) I further, do hereby release and hold harmless the Everglades Outpost, their owners, directors, officers, employees, agents and the owners of the land upon which the Everglades Outpost Inc, is situated, from and against any and all liability including negligence and any and all other actions or causes of action to the undersigned, his/her dependents, assigns, personal representative, heirs and next of kin for all damages, expenses (including attorney fees) claims, judgment's, actions, or cause of action as a result of any loss or injury to the person or property, including death, that I may sustain or suffer during or arising out of said activities, or that may result to persons in any way connected thereto.

I do further indemnify and hold harmless the Everglades Outpost Inc, their owner, directors, officers, employees, and agents and the owners of the land upon which the Everglades Outpost Inc is situated, from and against any and all liabilities to the person or entity for any and all damages, expenses (including attorney's fees) claims, judgment's, actions of causes of action as a result of any claim, loss or injury to person or property of any other, including death arising out of my acts, omission or negligence.

I have read and understand this release and I voluntarily sign this document regarding participation in activities at the Everglades Outpost Inc.

(Date)

(Participant Signature)

(Print Name)

(Participate Date of Birth)

RISK. I know and understand the extent of the risks involved in the activities covered by this agreement. I understand these risks include, but are not limited to equipment malfunction, and/or failure to function, possible animal scratches, bites, dismemberment, and even death. I freely and expressly choose to incur all risks associated with the activities covered by the agreement, understanding that those risks may again include personal injury, dismemberment, or death.
INITIAL HERE _____

EXEMPTION AND RELEASE FROM LIABILITY. I exempt and release the following persons and organizations: Everglades Outpost Wildlife Rescue, Robert (Bob) Freer, and all volunteers associated with Everglades Outpost Wildlife Rescue from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss or injury to me or my property, or my death, while upon the premises or off or while participating in any of the activities covered by this agreement, weather resulting from the negligence and/or other fault, either active or passive of any releases, or from any other cause. INITIAL HERE _____

AGREEMENT NOT TO SUE. I agree never to institute any suit or action at law or otherwise against any of the releases, or to initiate or assist in the prosecution of any claim for damages or cause of action which I may have by reason of injury to my person or property, or my death arising from the activities covered by this agreement, whether caused by the negligence and/or other fault, either active or passive, of any releasees, or from any other cause. I further agree that my heirs, executors, administrators, personal representatives, and/or anyone else claiming on my behalf, shall not institute any suit or action at law or otherwise against any of releasees nor shall they initiate or assist the prosecution of any claim for damages or cause of action which, I my heirs, executors, administrators, personal representatives, and/or anyone else claiming on my behalf may have by reason of injury to my person or property, or death, arising from activities covered by this agreement, whether caused by the negligence and for the other fault, either active or passive of any releasees, or from any other cause. I hereby so instruct my heirs, executors, administrators, personal representatives, and/or anyone else claiming on my behalf. Should any such suit or action at law or otherwise be instituted against any of the releasees, I agree that such releasees shall be entitled to recover the attorney's fees and costs incurred in defenses of such suit or action. INITIAL HERE _____

INDEMNITY AGAINST THIRD PARTY CLAIMS. I will indemnify, save and hold harmless releasees from any and all losses, claims, actions or proceedings of every kind and character including attorney's fees and expenses, which may be presented or initiated by any other persons or organizations and which arise directly or indirectly from my participation in the activities covered by this agreement, whether resulting from the negligence and/or other fault either active or passive, of any of the releasees or from any other cause. INITIAL HERE _____

VALIDITY OF WAIVER. I understand and agree that if I institute or anyone on my behalf institutes, any suit or action at law or any claim for damages or cause of action against any of the releasees because of injury to my person or property or my death, due to the activities covered by this agreement, this agreement can and will be used as evidence in court and that agreements like this one have been upheld in courts in similar circumstances. INITIAL HERE _____

EMERGENCY CONTACT INFORMATION: For if an emergency does arise please list a person you wish us to contact.

Name: _____ Relationship _____
Phone Number: _____ Address _____
City _____ State _____ Zip Code _____

ACKNOWLEDGEMENT. I hereby acknowledge that I have read all of the provisions above and fully understand the terms and condition expressed therein and agree to be bound by such terms and conditions. INITIAL HERE _____
Participants Date of Birth ____/____/____

Participants Name _____ (First, Middle, Last)

Participants Signature _____ Todays Date ____/____/____

Witnesses Name _____ (First, Middle, Last)

Witnesses Signature _____ Todays Date ____/____/____

Owner of Everglades Outpost _____ (First, Middle, Last)

Owners Signature _____ Todays date ____/____/____