TheReptileREP LLC SAFETY WAIVER

Participant Name (Print): _____

Parent/Guardian: (Print):_____

Phone:_____

Email address:_____

- **HANDLING:** I understand that this reptile experience involves live animals, including but not limited to snakes, lizards, turtles, and other reptiles. I acknowledge that: any animals may bite, scratch, or cause allergic reactions; There is a risk of injury, illness (including zoonotic diseases), or property damage. Even with safety precautions, risks cannot be completely eliminated. I agree to wash or clean my hands before and after handling and not to touch or handle any animal without the express permission and supervision of the presenter.
- **PARTICIPATION:** I confirm that my participation (or the child's participation) is voluntary and that I am physically able to interact with the animals if I choose to do so. I willingly assume all risks associated with participating in or observing the reptile show, including any injury, illness, or property damage. In the event of injury, I consent to receive medical treatment deemed necessary and understand that I am responsible for all related costs.
- **RELEASE:** I release, waive, and hold harmless **TheReptileREP LLC**, its owners, employees, contractors, volunteers, and affiliates from any and all claims, demands, or causes of action arising from participation in the reptile show, except in cases of gross negligence or willful misconduct. I agree to indemnify and hold

harmless **TheReptileREP LLC** from any claims, damages, or expenses (including attorney's fees) resulting from my actions or the actions of my child during the event.

- **SUPERVISION OF MINORS (under age 18):** I understand that every 10 children under 14 must be supervised by a parent, teacher or responsible adult (over age 18), and two adults per 10 children under 10, at all times during the presentation. Parents/guardians are fully responsible for their children's behavior and safety. Presenter shall not at any time be responsible for supervision of students.
- **HEALTH & ALLERGY DISCLOSURE:** I confirm that I (or the child) have disclosed any allergies, medical conditions, or phobias that could be relevant to participation.
- **GOVERNING LAW & JURISDICTION:** This agreement shall be governed by the laws of the State of **Virginia**, and any disputes shall be resolved in the courts of **Fairfax County, VA**. If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Participant Signature: _____Date: _____

***Parent/Guardian Signature: _____ Date: _____**

*Parent/guardian signature only needed if participant is under 18.