

**RELEASE, ASSUMPTION OF RISK AND
INDEMNIFICATION AGREEMENT**

DETROIT ZOOLOGICAL SOCIETY

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of

_____ (Children). In consideration of the Children's participation in Bike Safari and any and all events or activities in relation thereto (collectively the "Activity") permitted by the Detroit Zoological Society (the "Society") and with the understanding that the Children's participation in the Activity is only on the condition that I enter into this agreement for the Children and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Children may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) that may occur as a result of the Children's participation in the Activity and release from liability the Society, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I or the Children may hereafter have as a result of any and all injuries disease or sickness (including death) to the Children as a result of the Children's participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Children that may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Children may have against the Society, its officers, directors, agents, representatives, heirs and employees as the result of participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

Witness: _____

Dated: _____

Signature: /s/ _____

Address: _____