



COVID-19 Waiver – Monterey Zoological/Vision Quest Ranch

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, contagious and is believed to spread mainly by person-to-person contact. As a result, federal, state, and local governments as well as federal, state and local health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Monterey Zoo Society (MZS) and Vision Quest Ranch (VQR) has put in place preventive protocols and measures to reduce the risk of spreading COVID-19. MZS & VQR cannot guarantee that you or your child(ren) will not become infected with COVID-19 while visiting these properties. Further, visiting MZS and VQR may increase your risk of doing so.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure to yourself and your dependents by visiting MZS and VQR. Such exposure or infection may result in personal injury, illness, permanent disability, and death.

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Having read and understanding the above, I understand that the risk of becoming exposed to or infected by COVID-19 at MZS and VQR may result from the actions, omissions, or negligence of all involved, including, but not limited to, MZS and VQR owner, agents, representatives, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and hereby release, covenant not to sue, discharge, and hold harmless MZS and VQR, their employees, agents, and representatives, of and from claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating hereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of MZS and VQR, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MZS or VQR activity.

\_\_\_\_\_  
Participant – Print and Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant – Print and Sign

\_\_\_\_\_  
Date

Names of others in your party for whom you are assuming responsibility for with this waiver:

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