

Print & Complete...If you want to Experience our Newest Adventure!

RELEASE OF LIABILITY FORM

**Okefenokee Swamp Park
Primitive Adventure Walkway
and
Observation Tower Climbing Experience
Warning Notice to Walkers /Climbers:**

- ~You enter this area at your own risk and have completed & signed this release form
- ~Must be physically fit and have no serious medical conditions
- ~ All children under the age of 18 must be accompanied by a parent/adult.
- ~Walk single file on walkways and bridges
- ~No more then 4 people on the bridges at one time – Do not stop
- ~Watch out for alligators, snakes and other wildlife- Do not feed the wildlife
- ~Do not litter the path! If you pack it out...pack it back.
- ~Absolutely NO SMOKING
- ~Gate Entrance to Primitive Walk closes at 4:30PM
- ~No Restrooms along the way or at the Observation Tower
- ~Rescues and/or violations of above rules/warnings could result in fines

Walker/Climber First and Last Names:

_____ I agree that by participating in this physical activity, or by my use of these facility/premises, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness resulting from this physical activity, or by my use of these facility/premises. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Okefenokee Swamp Park Inc. from any and all claims or causes of action (known or unknown) arising out of their alleged negligence. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Okefenokee Swamp Park Inc.

Parent's or Eligible* Walker/Climber Name:

Signature: _____ **Date:** _____

*You must be 18 years old or older to sign for yourself.

Tour Operator /School Leader Affidavit

I hereby confirm that every person in my group has completed/signed a release form and they have been turned in.

Tour Operator / School Name: _____ **Number in Group** _____

Leader's Printed Name: _____

Leader's Signature _____

Date: _____

