

Llama Walks Physical Activity Release of Liability

THIS DOCUMENT SERVES AS YOUR ADMISSION TICKET.

PLEASE READ BEFORE SIGNING!

In consideration for being allowed to participate in a SHANGRILLAMA Llama Walk, **I knowingly agree to assume all risks involved.** I acknowledge that there are both foreseeable and unforeseeable risks involved in walking among live animals and leading them on a trail. **I acknowledge and agree to assume the risk of injuries involved or property damage. I understand that there are risks that cannot be specifically listed.**

Requirements for Participation:

1. I will cooperate fully with SHANGRILLAMA'S guides regarding all activities while on the trail.
2. I will wear walking shoes with a closed toe and closed heel for walking outdoors on various surfaces.
3. To the best of my ability, I will not allow the llamas to eat any plant or flower or leaf on the trail.
4. I will not bring alcohol or cigarettes on the walk.
5. I will not share ShangriLlama's address with anyone who is not participating in my Llama Walk.

RELEASE OF LIABILITY: I, my heirs and assigns, hereby release SHANGRILLAMA, its owners and staff from any and all liability, claims, costs, expenses, injuries or losses that I may sustain as a result of my participation in taking a Llama Walk, EXCEPT TO THE EXTENT ARISING FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF SHANGRILLAMA OR AS OTHERWISE REQUIRED BY LAW. I also release SHANGRILLAMA from loss or damage to me or my personal property caused by other participants in the program.

USE OF DIGITAL IMAGES OR VOICE RECORDINGS: I hereby grant permission to ShangriLlama to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings) for ShangriLlama's publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or website on the Internet). I understand that consent to use my likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program.

I have carefully read this Assumption of Risk, Release of Liability and Use of Digital Images or Voice Recordings as set forth above and fully understand its contents.

If any part or portion of this Assumption of Risk, Release of Liability and Use of Digital Images or Voice Recordings is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This Release and all matters related to your activities involving ShangriLlama shall be governed by and interpreted in accordance with Texas law.

Signature: X _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FOR ALL FUTURE VISITS TO SHANGRILLAMA.

Name: (Please print.) _____

E-Mail Address: _____

Minor Child(ren)'s First and Last Name(s), if applicable: _____

NOTE: We STRONGLY encourage you to consult with a physician before participating in this or any other physical activity.

For questions about this document prior to signing, please consult your attorney. For general questions about SHANGRILLAMA, please call (972) 632-9385.