



**Expedition Reptile LLC Parental Permission & Liability Waiver Form Volunteer Assistant Reptile Handler
(Ages 15–18)**

Child's Information Child's Full Name: _____ Age: _____
Date of Birth: _____

Parent/Guardian Information Parent/Guardian Full Name: _____
Phone Number: (____) _____
Email Address: _____

I, the undersigned parent or legal guardian, hereby grant permission for my child named above to participate as a **Volunteer Assistant Reptile Handler** with Expedition Reptile LLC.

Acknowledgment of Activity and Risks I understand that my child will be working directly with live reptiles as a volunteer assistant. I acknowledge that reptiles are animals and that **any animal with a mouth can bite**, even if the handlers are experienced and careful. I have been informed that Expedition Reptile LLC does **not** keep or work with any venomous species.

I understand that while every effort is made to ensure safety, there is still a risk of my child being bitten or otherwise injured while handling or assisting with reptiles. I voluntarily assume these risks on behalf of my child.

Liability Waiver In consideration of my child being allowed to volunteer with Expedition Reptile LLC, I agree to release, indemnify, and hold harmless Expedition Reptile LLC, its owners, employees, and representatives from any and all claims, liabilities, damages, or injuries (including bites) that may occur to my child while participating in this volunteer program. This release extends to any incident arising from reptile handling or related activities.

Volunteer Status I understand that this is a **volunteer opportunity only**. My child will not be paid for their time or services. This is an unpaid educational and hands-on learning experience.

Emergency Contact & Medical Information I will ensure that I (or another responsible adult) am available to drop off and pick up my child at the required times.

Additional Emergency Contact (Name & Phone): Name: _____

Phone: _____

Medical Information Please list any allergies (food, medication, animals, etc.):

Please list any current medications or medical conditions we should be aware of:

Parent/Guardian Agreement I have read and understand all of the above information. I give my full permission for my child to volunteer with Expedition Reptile LLC as an assistant reptile handler. I confirm that all information provided is accurate.

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

Printed Name: _____