



Camp Enrollment and Waiver

Complete this form and mail/email to Riverbanks' Education Program, 500 Wildlife Parkway, Columbia, SC 29210 <education@riverbanks.org> at least 2 weeks before the Participant's camp session to secure enrollment.

Participant's Name:	Camp Dates Attending:
	Participant's Date of Birth:

Participant Preferred Name (for name badge): _____

Primary Guardian Name & Relationship to Participant: _____

Phone: _____ E-mail: _____

Emergency Contacts:

In case of emergency, please list the name and phone number of additional adults who could respond quickly.

Name & Relationship to Participant: _____

Phone: _____ E-mail: _____

Name & Relationship to Participant: _____

Phone: _____ E-mail: _____

Primary Care Physician's Name & Telephone # _____

Medical and Learning Information:

Please list any allergies, medical/behavioral issues, special needs, etc. that our staff should be aware of or that may require accommodations:

Authorized Pick Up

Please list the names of anyone authorized to pick up the Participant from camp *INCLUDING PARENTS*. Participant(s) will only be released to the person that registers a Participant or is listed as an authorized pick up. The release of a participant to any other person will require a court order, permission from the person that registered the Participant, or with the approval of the RBZG President and Chief Executive Officer.

Photo identification is required to pick up camper. Please enter names as they appear on identification.

Name	Relationship to Participant



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Camp Waiver

I am enrolling a child ("Participant") for an educational program ("Program") at the Riverbanks Zoo and Garden ("RBZG"). I give permission for Participant to engage in those activities and to use any materials selected by the RBZG staff, except as specifically excluded above. I acknowledge that RBZG does not carry medical insurance for Participant and that I am solely responsible for payment for my Participant's medical care. In case of medical emergency, I understand that RBZG will attempt to contact persons from the emergency contacts listed. In the event that emergency contacts cannot be reached, I give permission for the staff of the RBZG to hospitalize, secure proper treatment for, and/or consent to any treatment deemed necessary for an injury or illness sustained by my Participant. I agree that I will not bring my Participant to the RBZG while my Participant is ill with any communicable disease. After discussion with RBZG staff, if warranted, I understand that I am responsible for providing an assistant for my Participant if they need individual attention. I understand that injury or loss of personal property may occur while participating in activities at RBZG and that RBZG assumes no responsibility or liability for accident or loss to any person resulting from or any way connected to the condition or use of the premises. I knowingly release and discharge RBZG and any of its employees, officers, directors, staff and agents and any other persons (the "Released Parties"), of and from any and all causes of action or claims which I have or may in the future be entitled to have on behalf of myself or the participant/minor against the Released Parties due to injuries or damage sustained as a result of participating in the Program at RBZG, and waive all claims relating to same. Commercial photography and filming activities are conducted at RBZG. Entry into RBZG and/or purchase of any admission or Program ticket constitutes my consent for RBZG to use my Participant's picture or child's work for publicity or other such purposes. I understand that RBZG reserves the right to deny access to its facilities to individuals who refuse to obey RBZG rules or personnel and I also agree that if my Participant is excluded from any activity because of inappropriate behavior, I am not entitled to a refund.

By registering a Participant in the RBZG Program, the undersigned represents they have the legal authority (Guardian) to do so and hereby agrees to above Education Program Policies and all other RBZG rules and requirements.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Relationship to Participant