

Overnight Group Name: _____

Date of Overnight: _____

OVERNIGHT PARTICIPANT WAIVER

Complete this form and bring the night of your program. Riverbanks Zoo and Garden overnight supervisors must have a medical release and consent form for all participants.

Participant's Name _____ Date of Birth _____

Any difficulties with vision, hearing, or speech that staff needs to be made aware of? If so, please explain.

Any conditions limiting classroom or physical activity? If so, please explain.

Any medications or significant allergies? If so, please explain.

Are immunizations current? (Approx. date) _____

Emergency Contacts *must be reachable immediately:

1. _____
Name Relationship to participant Home# Day/Cell#

2. _____
Name Relationship to participant Home# Day/Cell#

In the case of emergency please list the names of **anyone** who would be authorized to pick up your child, **INCLUDING PARENTS!!** Your child will only be released to the people on this list unless prior arrangements are made with the instructors. **Grandparents or other relatives/friends will not be allowed to pick up your child unless their name is listed on this form. Please use the name as it appears on their I.D. You WILL be asked to show your I.D. to pick up, so please plan to have it with you.**

Name

Relationship to Participant

1. _____

2. _____

3. _____

4. _____

5. _____

(Please see other side)

In case of Medical Emergency

Primary Care Physician's Name & Telephone # _____

Preferred Hospital of Choice _____

I am enrolling my child or myself for an educational program at the Riverbanks Zoo and Garden. I give permission for my child to engage in those activities and to use any materials selected by the park staff, except as specifically excluded above. I acknowledge that Riverbanks Zoo and Garden does not carry medical insurance for myself or my child and that I am solely responsible for payment for myself or child's medical care. In case of medical emergency, I understand that every effort will be made to contact parents or guardians from the emergency contacts listed. In the event that parents or guardians cannot be reached, I give permission for the staff of Riverbanks Zoo and Garden to hospitalize, secure proper treatment for, and/or consent to any treatment deemed necessary for an injury or illness sustained by myself or my child. I agree that I will not bring my child or myself to Riverbanks Zoo and Garden while my child or I are ill with any communicable disease. After discussion with Riverbanks Zoo and Garden staff, if warranted, I understand that I am responsible for providing an assistant for myself or my child if individual attention is necessary. I understand that injury or loss of personal property may occur while participating in activities at Riverbanks Zoo and Garden and that management 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 Riverbanks Zoo and Garden 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 education program at Riverbanks Zoo and Garden, and waive all claims relating to same. Commercial photography and filming activities are conducted at Riverbanks Zoo and Garden. Entry into the park and/or purchase of any admission or educational program ticket constitutes my consent for Riverbanks Zoo and Garden to use my or my child's picture or work for publicity or other such purposes. I understand that Riverbanks Zoo and Garden reserves the right to deny access to its facilities to individuals who refuse to obey park rules or personnel, and I also agree that if my child or myself is excluded from any activity because of inappropriate behavior, I am not entitled to a refund.

I have read and understand *all* of the above information and attached policies.

Parent/Guardian Printed Name

Parent/Guardian Signature ***Date***