

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

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

Are immunizations current? (Approx. date) If not, please explain.

***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 pickup, 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 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