

Potawatomi Zoo – ZooCamp Dismissal & Medical Release Form

Child's Name: _____ Date of Birth: ___/___/___

Guardian's Name(s): _____

Address: _____

City: _____ State: ___ ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Emergency Contact Information

1. Name: _____ Relationship: _____ Phone: (____) _____

2. Name: _____ Relationship: _____ Phone: (____) _____

3. Name: _____ Relationship: _____ Phone: (____) _____

4. Name: _____ Relationship: _____ Phone: (____) _____

Other Information

Student's Allergies or Limitations:

Drop Off & Pick Up

Please include the names of any person who might be picking up your child from ZooCamp. If someone arrives who is not on the list, the program manager will call you to receive authorization over the phone. The Education Department reserves the right to check IDs of those individuals who come to pick up students.

Name

Relationship to Student

I have read the information regarding Potawatomi Zoo's ZooCamps and agree to abide by all camp policies. I, furthermore, attest that the information included on this form is, to the best of my knowledge, accurate.

Signed: _____ Date: _____

For office use only: Received ___/___ Processed ___/___ by ___ Confirmed ___/___ by ___

Medical Release

You must sign either Part I (consent) or Part II (refusal to consent)

Part I: Consent to Emergency Medical Care

In the event that reasonable attempts to contact me and other emergency contacts as listed on the registration form have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician), or in the event designated preferred practitioner is not available, by another licensed physician or dentist: and
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

The following includes any allergies the child may have, any medication the child may be taking, and any other facts to which a physician or dentist should be alerted:

(Parent/guardian signature)

(Date)

Part II: Refuse to Consent for Emergency Medical Care

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment when the emergency contacts as listed on the registration form are unreachable, I wish the Potawatomi Zoo to take no action or to:

(Parent/guardian signature)

(Date)

Acknowledgement

By registering for a class or camp at Potawatomi Zoo, you agree to the following:

- Potawatomi Zoo and the Education Department are not responsible for any items that are lost or stolen during classes and programs.
- On occasion, Education and Zoo staff may take photos, video, or other recordings of participants in our classes and programs. Please be aware that this multimedia is only for Potawatomi Zoo use and may be used in future print publications or on our website. Please contact the Education Department if you have any questions.
- The Education Department reserves the right to dismiss any student for disruptive or threatening behavior. Guardians will be notified of a behavioral problem before dismissal except in extreme circumstances.
- Registrants understand that participation in classes at Potawatomi Zoo may expose students to risks and hazards. By registering for a class, you release the Potawatomi Zoo and its staff from any and all claims, judgments, and/or liability for any injury, whether personal or property, that the student may receive during class participation.



Zoo Camp/Class Release and Waiver

Please Read Carefully Before Signing

I certify that I am at least 18 years of age. If I am under the age 18, I have obtained the required consent of my parent/guardian as evidenced by their signature on the second page of this document and their presence during my participation at the camp and/or class.

I wish to participate in a camp and/or class at Potawatomi Zoo (“the Program”). I understand that my participation in the Program includes inherently dangerous activities. Including but not limited to walking in wet areas, climbing stairs and potentially interacting with live animals. In consideration for my participation in the program, I expressly agree to assume any and all such risks. On my own behalf, and the behalf of my heirs, executors, and administrators. I hereby release and forever discharge the Potawatomi Zoological Society, its related and affiliated companies and the officers, directors, employees, agents, representatives, successors, and assigns of each of the foregoing entities, including the city of South Bend (collectively “the Zoo”) from all liabilities, claims, actions, damages, costs, or expensed of any nature arising out of or in any way connected with my participation in the Program, including but not limited to all attorneys fees and disbursements. I understand that this release and waiver includes any claims based on the negligence, action, or inaction of the above released parties and covers bodily injury (including death), and property damage, whether suffered by me before, during, or after my participation in the Program.

I authorize medical treatment of myself, at my cost, if the need arises. I hereby release and forever discharge the Zoo from any claim that may arise as a result of any medical treatment provided to me in connection with any injury or medical condition suffered before, during, or after my participation in the Program.

I hereby grant the Zoo the right to photograph and/or videotape me and to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. The Zoo is, however, under no obligation to exercise said rights herein granted.

This agreement shall be governed by the laws of the State of Indiana and any legal action relating to or arising out of the agreement shall be commenced exclusively in a court of competent jurisdiction in St. Joseph County, Indiana.

Signature of Participant or Parent/Guardian Date

Print Name

For Parents/Legal Guardians of Participants Under 18

This is to certify that I am a parent/guardian with legal responsibility for the minor participant identified below, that the minor participant is under 18 years of age, and that I consent and agree to his/her release, as provided above, of the Zoo and for child, myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Zoo from any and all liabilities incident to the minor participant's involvement or participation in the Program as provided above, even if arising from the negligence of the Zoo, to the fullest extent permitted by law. I have instructed the minor participant as the above warnings and conditions and their ramifications.

Name of Minor Participant

Date

Birth Date of Minor

Signature of Parent/Guardian

Print Name of Parent/Guardian