

Zoo Camp 2010 Consent and Waiver Form



Camper's Name _____

I am the legal parent/guardian for the minor named above and I authorize my child to participate in all prescribed camp activities and I assume all risks associated with that participation. I give my permission for Zoo Camp Staff to take any action necessary in my child's best interest; I also give consent to local doctors/hospitals to administer proper medical assistance should the need arise. In consideration of your acceptance of this entry for heirs, executors, administrators and myself, I hereby release the County of Onondaga and The Friends of the Zoo, Inc .and all its officers, employees and agents from any claims, liabilities, damages or expense that I may incur relating directly to my child's participation in any program event(s).

Zoo Camp instructors work hard to provide and supervise a safe, educational and fun environment for all campers. I understand that if my child prevents staff from safely supervising our child or others, or becomes harmful to him/herself, staff, other campers, or animals, this child may be released from Zoo Camp for one or more days without refund. The decision to remove a child from a camp program whether it be for the day or the entire camp will be based on the discretion of the camp director. If this occurs, we understand that I myself or the designated emergency contact will be responsible for taking my child home from camp at any time during the camp day.

Model Release Statement

By checking this box, I authorize The Rosamond Gifford Zoo to use photographic pictures or video taken of the child listed above, of whom I am the legal guardian, during Zoo Camp to use, publish in whole or in part, in any printed manner, in any and all media. I release the Rosamond Gifford Zoo from any and all claims and demands arising in connection from this use, and understand that neither I nor my child will receive compensation for such use.

By checking this box, I decline to have the camper listed above to be included in photographs and videos taken by the Rosamond Gifford Zoo during Zoo Camp. I understand that the Rosamond Gifford Zoo is not responsible for photographs or videos taken for personal use by other campers, staff, and volunteers associated with Zoo Camp.

My signature below indicates that I have read, understood, and will comply with the terms listed above.

Parent/Guardian Name: _____ **Phone:** _____

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

Emergency Contact _____ **Phone:** _____