



Waiver of Liability for ZooMontana ZooVenture Camp



Child Name _____ Date of Birth _____ Sex _____ Age _____

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Parent/Guardian _____ Cell Phone _____

Home Address _____ City/Zip _____ Home Phone _____

Additional Emergency Contact _____ Phone _____

Medical Information

Known Allergies _____

Known Medical Conditions _____

Have they had a recent Tetanus Booster? Yes No

Preferred Doctor/Hospital _____

Parental Consent / Emergency Authorization Waiver

I, the minor's parent and/or legal guardian, understand the nature of Summer Camp at ZooMontana and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused by or alleged to be caused in whole or part by the operations. I further agree and grant permission for ZooMontana to obtain emergency medical treatment for the above minor while agreeing to pay all expenses incurred due to an emergency.

Parent/Guardian Signature _____ Date _____

Authorization Pickup Waiver

I, the minor's parent/guardian, authorize the following names to pick up my child from ZooMontana's Summer Camp program. I understand my child(ren) will not be released to anyone not listed below.

Name

Relation

Contact Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

ZooMontana may take photographs or video of visitors for educational or promotional purposes. Entry to the Zoo and/or inclusion in Zoo activities grants permission for the use of these images.

Please check this box if you DO NOT want your child photographed.