



Presidents Week Zoo Camp Registration Form

Are you eagle-eyed? Do you have the ears of a bat? Investigate the sensory world of animals and how we match up to them through games, experiments and observations.

Participant's name: _____ **Date of birth:** _____
(Please use a separate form for each child)

Parent/Guardian: _____ **Phone:** _____ **Email:** _____

Mailing address: _____
Address City Zip

Parent/Guardian: _____ **Phone:** _____ **Email:** _____

Mailing address (if different from above): _____
Address City Zip

Emergency contact (in addition to above listed Parent/Guardian(s)):

Name	Phone	Relationship

Allergies, medical, or other concerns: _____

Doctor's name: _____ **Phone number:** _____

The following people ARE allowed to pick up my child.

1. Name	Phone Number	Relationship

2. Name	Phone Number	Relationship

Presidents Week Zoo Camp	Cub Club: Super Senses		Jr Zookeepers: Sensory Safari	
	Ages 5 – 7		Ages 8 – 11	
Tuesday – Friday February 19 – February 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 – 3:00	\$100.00 Non-member	\$90.00 Member	\$100.00 Non-member	\$90.00 Member

REGISTRATION REFUND POLICY-- Cancellation 21 days prior to class = 100% refund; Cancellation 20 - 8 days prior = 50% refund; Cancellation 7 - 0 days prior to class = 0% refund. If a class is cancelled by the Zoo, 100% refund issued. We are not able to pro-rate fees for missed classes. Refund processing can take 6-8 weeks.

**PARENTAL CONSENT WAIVER AND RELEASE OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____
(NAME OF MINOR)
(the "minor") to participate in _____ and related activities, I, the parent/guardian of the minor
(NAME OF CLASS)
for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity;
2. Agree that prior to the minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and areas where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the conditions of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
4. Release, waive, discharge, and relinquish the City of Eureka and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
5. Assume any and all risks of personal injuries to the minor and authorize the City of Eureka, Sequoia Park Zoo or the Permittee/Sponsor to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
6. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the Permittee/Sponsor, the City of Eureka, Sequoia Park Zoo and their officers, employees, and agents attributable to the minor's participation in the event or activity;
7. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the City of Eureka, Sequoia Park Zoo or their agents and employees and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
8. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;

IMPORTANT:

THIS DOCUMENT RELIEVES THE CITY OF EUREKA, SEQUOIA PARK ZOO AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

ONLY PARENTS OR LEGALLY APPOINTED GUARDIANS ARE ALLOWED TO SIGN. LEGALLY APPOINTED GUARDIANS MUST FURNISH A CERTIFIED COPY OF LETTER OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PLEASE PRINT PARTICIPANT'S NAME _____
Last First

ADDRESS _____
Street City Zip

AGE _____ DAYTIME PHONE _____ EMERGENCY PHONE _____

Signature of Parent #1/Guardian #1 Date

Signature of Parent #2/Guardian #2 Date

THE CITY OF EUREKA/ SEQUOIA PARK ZOO DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/ CLASS/ ACTIVITY

Sequoia Park Zoo, Education Department
3414 "W" Street, Eureka, CA 95503 • 707-441-4217 • Education@SequoiaParkZoo.net