

Brevard Zoo Winter Art Camp Registration Form 2009

Camper's Name: _____

First Aid Waiver

Please initial one:

_____ Yes – I DO authorize and grant permission to a representative of Brevard Zoo to treat minor injuries including scrapes, small cuts, splinters and insect bites.

Check those allowed

_____ All listed _____ Isopropyl alcohol _____ Hydrogen peroxide _____ Aloe Vera

_____ Insect sting relief _____ Antibiotic ointment _____ Band-aides/bandages

_____ No – I DO NOT authorize and grant permission to a representative of Brevard Zoo to treat minor injuries including scrapes, small cuts, splinters and insect bites.

Please List any medical/physical limitations (allergies, etc.) or other concerns pertaining to your child:

Photograph Release Waiver

Please Initial One:

_____ Yes – I DO grant permission and understand that any photos taken of my child during this program may be used in publications to promote educational programs.

_____ No – I DO NOT grant permission for photos to be taken of my child during this program.

Accident Release and Financial Responsibility Waiver

I understand the educational programs provided by the East Coast Zoological Society of Florida Inc. d.b.a. Brevard Zoo, and understand the inherent dangers involved with my child's participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that participants in such programs are not covered under insurance of Brevard Zoo and that the Brevard Zoo would not allow my child's participation in these programs absent my signing this release. I authorize and grant permission to the representative of the Brevard Zoo to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in educational activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with my child's participation in any educational programs offered by the Brevard Zoo.

I hereby release and forever discharge Brevard Zoo and any and all agents of Brevard Zoo from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of my child's participation in the educational programs of Brevard Zoo. I further waive, release, absolve and agree to indemnify and hold Brevard Zoo harmless as a result of my child's participation in any educational program sponsored by the Brevard Zoo. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

I also understand that this is an educational facility and cannot be claimed as day care on my taxes. Refunds will not be issued two (2) weeks before camp. A \$25 administration fee will be assessed on all cancellations and transfers.

Parent/Guardian Signature: _____

Date: _____