

ZOO CAMP 2017 HABITATS

WHEN:

July 10-14 9:00 a.m. to 12:00 noon

WHERE:

David Traylor Zoo of Emporia

WHO:

Children who have completed
3rd or 4th grade



REGISTRATION FORM

please mail form and payment to Emporia Zoo Docents / PO Box 345 / Emporia KS 66801

Participant's Name _____ Nickname _____ Allergies _____
(Please Print) please list

Parent/Guardian's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Grade completed _____ 3rd/4th Fee \$45 / \$35 for EFOZ members

T-Shirt Size: **Youth** ___ (M/ L) **Adult** ___ (S/M/L) ___ Male / Female email address _____
please circle

WAIVER STATEMENT

The undersigned, as parent or legal guardian of the registered participant states that he/she understands that the Emporia Friends of the Zoo, the City of Emporia, and the Emporia Zoo Docents are not and shall not be responsible or liable for any illness, injury to person or damage to property resulting from the Zoo Camp, and the undersigned, on behalf of themselves, their heirs, executors and administrators, and the registered participant and their heirs, executors and administrators, do hereby remise, release and forever discharge the City of Emporia, Emporia Friends of the Zoo and the Emporia Zoo Docents from all claims, demands, actions or causes of action on account of any injury or illness to the participant or damage to property resulting from or during the Zoo Camp and the attendance thereat, and does further waive any claim resulting from any photograph, photographic likeness or video tape taken of the participant while attending and participating in the Zoo Camp and does further authorize the use of such photograph, photographic likeness or video tape by and as deemed appropriate by the Emporia Friends of the Zoo and the Emporia Zoo Docents.

Signature of Authorized Parent or Legal Guardian _____ Date _____