

TOLEDO ZOOLOGICAL SOCIETY LEGAL RELEASE OF RESPONSIBILITY

Dear Parent(s) /Guardian(s): The Toledo Zoological Society is pleased to have you and/or your son/daughter as a participant in its overnight program. Participants in this program are given the opportunity to spend the night on Zoo grounds participating in a variety of cultural and educational activities. To ensure that all of the participants in the overnight program have a safe, enjoyable and enriching experience, the Zoo has adopted a set of specific rules that must be followed during the course of the overnight program by all program participants. A copy of these rules and regulations is included on the back of this form. As a condition of you/your child's participation in the overnight program, the Zoo requires you to review these rules with your child to make certain that he or she understands each of the rules and agrees to abide by them while on Zoo premises.

While the Zoo is pleased to have your child as a participant in the overnight program and to provide instruction and supervision to your child during the course of the program, the Zoo will not accept financial responsibility for accidents or injuries that occur as a result of your child's participation in the voluntary Zoo program. Accordingly, as an additional condition precedent to your child's participation in the overnight program, the Zoo requests the completion of this release for the purpose of absolving the Zoo for liability for injury that may result during the course of the overnight program.

FOR MINOR: In consideration of _____'s (Child's Name) a minor, participation in the overnight program, the undersigned, the parent(s) and/or guardian(s) of the Minor, hereby release The Toledo Zoological Society, its Board of Trustees, officers, and employees from any and all liability arising out of or resulting from the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned further agree that they, their heirs and legal representatives will not, on behalf of the undersigned of the Minor make a claim against or sue The Toledo Zoological Society, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned have carefully read this agreement and fully understand its contents. The undersigned are fully aware that this is a release of liability between the undersigned and The Toledo Zoological Society.

If the minor has two parents or guardians, both MUST sign this form.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR ADULT: In consideration of _____'s (your name) participation in the overnight program, the undersigned hereby release The Toledo Zoological Society, its Board of Trustees, officers, and employees from any and all liability arising out of or resulting from the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned further agree that they, their heirs and legal representatives will not make a claim against or sue The Toledo Zoological Society, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring while on Zoo premises.

The undersigned have carefully read this agreement and fully understand its contents. The undersigned are fully aware that this is a release of liability between the undersigned and The Toledo Zoological Society.

Signature _____ Date _____



RULES AND REGULATIONS FOR OVERNIGHT PROGRAMS

Please review rules with your child prior to the date of his or her overnight and sign below.

- Visitors must respect the property of The Toledo Zoo.
- Visitors must respect the physical and other well-being of fellow visitors, Toledo Zoo employees, Toledo Zoo animals and property. If a visitor chooses to violate this rule, he or she will be escorted off Zoo grounds by Zoo Security and will not be refunded their money.
- If behavior is unacceptable, a verbal warning will be given.
- If unacceptable behavior continues, the visitor(s) may be escorted off Zoo grounds by Zoo Security at the discretion of the overnight Guides and Education staff. The parent(s) or guardian(s) will be responsible for picking his/her child up promptly upon dismissal.
- Running, horseplay, and excessively loud noises are prohibited.
- No TVs, CD or tape players, radios, laser pointers, or handheld electronic games are permitted.
- No alcoholic beverages.
- Our Zoo is a non-smoking facility.
- Participation in all overnight activities by adults and minors is required.
- All overnights have the potential of being mix-gender groups. When possible, an alternate sleeping location can be provided by request. This may change the sleeping location of a Deluxe Snooze.

I understand these rules and have reviewed them. If I am a parent/guardian of a minor attending an overnight, I have reviewed these rules with my child:

Signature _____ **Date** _____



Authorization To Consent To Medical Treatment Of Minor

I (We), the undersigned, parent(s)/Guardian(s) of _____, a minor (the "Minor"), hereby authorize The Toledo Zoological society (the "Zoo"), its authorized agents and employee(s) as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or dental care or treatment which is deemed necessary or advisable by, and is to be rendered under the general or special supervision of, any licensed physician, surgeon or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the appointed agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, surgeon or dentist in the exercise of his or her best judgment may deem necessary or advisable.

The undersigned also consent to the administration of any and all necessary or advisable first aid by authorized agent(s) and employees of the Zoo in the event the Minor becomes ill or injured on the premises of the Zoo or while participating in programs sponsored by the Zoo.

The undersigned further agree that they, their heirs and legal representatives will not, whether on their own behalf or for the Minor, make a claim against or sue the Zoo, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring in connection with the provision of medical treatment and/or first aid to the Minor.

The foregoing authorizations for medical treatment and first aid shall remain effective until _____, 20 __, unless sooner revoked in writing delivered to the Zoo.

If the minor has two parents/ guardians, both MUST sign this form.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Address

Address

Contact Phone Number(s)

Contact Phone Number(s)



MEDICAL INQUIRY SHEET

Child's Name: _____ Date _____

Address: _____ Birth Date: _____

Phone Number: _____ Height: _____ Weight: _____

Medical History: _____

Allergies (i.e. food, insect, animal, plant etc.): _____

Other medical conditions present that we should be aware of: _____

List any special medical needs necessary: _____

List any MEDICATIONS taken on a regular basis and how often the medication should be taken:

Name: _____ How Often: _____

Name: _____ How Often: _____

Name: _____ How Often: _____

Immunization Record: (Not required but please list if you had test)

Date of last Tetanus Vac.: _____ Date of last TB Test: _____

Name of Family Doctor: _____ Phone: _____

Hospital Preference: _____

Whom to Notify in Case of an Emergency: _____

Relationship: _____ Phone: _____

Whom to Notify in Case of an Emergency: _____

Relationship: _____ Phone: _____



CONSENT AND RELEASE FOR ZOO OVERNIGHT PROGRAMS

The Toledo Zoological Society ("Toledo Zoo") offers its visitors many enjoyable, recreational and educational experiences. To promote its facilities, attractions and offerings, the Toledo Zoo often uses pictures, videos and other recordings. Images or recordings of you or your child or guardian may be used to promote the Toledo Zoo.

Please review of the following and return with your registration forms

I GRANT PERMISSION TO THE TOLEDO ZOO TO TAKE, PUBLISH OR USE MY NAME OR ANY PICTURE, RECORDING OR COPY OF MY IMAGE, LIKENESS OR VOICE. THIS INCLUDES PHOTOGRAPHS, VIDEOS, FILMS, TAPE RECORDINGS OR RECORDINGS OF ANY KIND ON ANY MEDIA. I ALSO GRANT THIS PERMISSION ON BEHALF OF MY CHILD OR MINOR IDENTIFIED BELOW.

I UNDERSTAND THAT THE TOLEDO ZOO RETAINS ALL EXCLUSIVE RIGHT, TITLE OR INTEREST IN ANY IMAGES OR RECORDINGS, INCLUDING ANY NEGATIVES OR COPIES. THE TOLEDO ZOO OWNS THE COPYRIGHT TO THESE IMAGES AND RECORDINGS AND MAY USE THEM FOR ANY PURPOSE. I UNDERSTAND THAT I HAVE NO RIGHT TO APPROVE ANY IMAGE OR RECORDING. I UNDERSTAND THAT THESE IMAGES OR RECORDINGS MAY BE EDITED OR ALTERED. I RELEASE THE TOLEDO ZOO FROM ANY AND ALL CLAIMS RELATING TO THE USE OF ANY IMAGE OR RECORDING FOR ANY REASON INCLUDING BLURRING, DISTORTION, ALTERATION OR OPTICAL ILLUSION OF ANY KIND. THIS RELEASE IS MADE ON MY BEHALF AND ON BEHALF OF MY HEIRS AND ASSIGNS AND FOR THE BENEFIT OF THE LICENSEES AND ASSIGNS OF THE TOLEDO ZOO.

Your name (please print): _____

Your signature: _____

Minor's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date: _____

