

Education Program Consent and Waiver Form



For the safety of your child, if you are leaving your child with us for an education program (i.e. you will not be in the classroom in direct contact with your child), you must sign this form and leave it with the instructor or you may not leave your child.

Child's Name _____

I am the legal parent/guardian for the minor named above and I authorize my child to participate in all prescribed program activities and I assume all risks associated with that participation. I assume all risks associated with the snacks and physical activities associated with the Zoo's Education Programs. I give my permission for Zoo Staff to take any action necessary in my child's best interest; I also give consent to local doctors/hospitals to administer proper medical assistance should the need arise. In consideration of your acceptance of this entry for heirs, executors, administrators and myself, I hereby release the County of Onondaga and The Friends of the Zoo, Inc .and all its officers, employees and agents from any claims, liabilities, damages or expense that I may incur relating directly to my child's participation in any program activity(s).

Education program instructors work hard to provide and supervise a safe, educational and fun environment for all participants. I understand that if my child prevents staff from safely supervising our child or others, or becomes harmful to him/herself, staff, other participants, or animals, this child may be released from the education program at any time. The decision to remove a child from an education program will be based on the discretion of the program instructor. If this occurs, I understand that I myself or the designated emergency contact will be responsible for taking my child home from the program at any time during that program.

Education programs typically involve a snack. While we strive to provide allergy neutral foods, please list below any food allergies or restrictions your child may have.

Education programs may also involve physical activity. Please list below any activity restrictions your child may have.

This form will be kept on file by the Education Department for one (1) year, so you only need to fill it out once. Please notify the Education Department at 315.435.8511 ext. 205 immediately if your child's medical history, food allergies, or activity restrictions change.

My signature below indicates that I have read, understood, and will comply with the terms listed above.

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact _____ **Phone:** _____