

Overnight Consent and Waiver Form for Minors



Participant's Name _____

I am the legal parent/guardian for the minor named above and I authorize my child to participate in all prescribed overnight activities and assume all risks associated with that participation. 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 overnight activity.

The Education Coordinator works 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 overnight at any time without refund. The decision to remove a child from an overnight program will be based on the discretion of the Education Coordinator. If this occurs, we understand that we or the designated emergency contact will be responsible for taking our child home from the overnight at any time during the stay.

Please list any medical information, including activity restrictions and allergies (**food**, environment, etc.) that may be pertinent to the participant's health during their stay at the Zoo.

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:** _____