



Education Program Consent and Waiver Form

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

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 and related activities and I voluntarily assume for myself and on behalf of my child all risks associated with such participation. I voluntarily assume for myself and on behalf of my child all risks associated with participation in the education programs of the Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. ("Friends"), including, but not limited to, the snacks and physical activities associated with such programs. I give my permission for Friends staff to take any action deemed necessary under the circumstances in my child's best interest; I also give consent to doctors/hospitals and other health care practitioners to administer proper medical assistance should the need arise. In consideration of my child's participation in the program, I, to the maximum extent permitted by law, for myself and on behalf of my child and our heirs, executors, legal representatives, administrators and assigns, (collectively, the "Releasors") hereby release and forever discharge the County of Onondaga and The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc., and all of their officers, directors, employees, contractors, volunteers, and agents (in both their individual and representative capacities) (collectively, the "Releasees") from and against, and hereby waive, any and all claims, liabilities, damages or expense, including reasonable attorneys' fees, that may be alleged or incurred by any of the Releasors in any way related to or arising out of my child's participation in any program or related activities, including, but not limited to, any and all claims, liabilities, damages or expense arising out of the negligent acts or omissions of any or all of the Releasees.

Participant Conduct

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 my child or others, or becomes disruptive, harmful, or poses a threat to him/herself, staff, other participants, or animals, my child may be removed from the education program at any time. The decision to remove a child from an education program will be within the discretion of the program instructor. If this occurs, I agree that either I or the designated emergency contact will be responsible for promptly picking up my child from the program at any time during that program. No refunds will be issued for dismissal of a child from an education program due to conduct.

Food Allergies/Activity Restrictions

Education programs typically involve a snack. While we endeavor to provide allergy neutral foods, we cannot guarantee that all snacks will be allergy neutral. My child has no food allergies or restrictions except as listed below:

Education programs may also involve physical activity. My child has no activity restrictions except as listed below:

Please complete and sign the opposite side of this form.

Publicity Release Statement (Please Check only ONE box)

By checking this box, I, for myself and on behalf of my child, authorize The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc., Onondaga County, including, but not limited to, its Department of Parks and Recreation, and other entities supporting the Friends' and the zoo's missions and outreach, to use my child's name and to use photographic pictures or video taken of the child listed above, of whom I am the parent or legal guardian, during programs offered by The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc., to use, publish in whole or in part, worldwide, in any printed manner, in any and all media, and for any lawful purpose. I, for myself and on behalf of my child, release The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. from any and all claims and demands arising in connection from any such use, and understand and agree that neither I nor my child will receive compensation for any such use.

By checking this box, I, for myself and on behalf of my child, decline to have my child listed above be included in photographs and videos taken by The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. during educational programs. I understand that The Friends of the Rosamond Gifford Zoo at Burnet Park, Inc. is not responsible for photographs or videos taken for personal use by other campers, staff, and volunteers associated with programs offered by the Friends of the Rosamond Gifford Zoo at Burnet Park, Inc.

This form will be kept on file by the Friends education department and will remain valid for one (1) year, so you only need to fill it out once during that period. However, it is your responsibility to and you therefore must notify the education department at (315) 435-8511 x8559 if your child's medical history, food allergies, activity restrictions, or anything else pertinent changes. In such event, a new form must be completed and signed prior to your child's further participation.

My signature below indicates that I have read, understand, and agree on behalf of the Releasors to the terms listed above in this Education Program Consent and Waiver Form.

Parent/Guardian name: _____

Phone: _____

Parent/Guardian signature: _____

Date: _____

Emergency contact: _____

Phone: _____