

ZooSnooze Emergency Information & Waiver

Personal and medical information



Participant's Name: _____

Age: _____ Birthdate: ____ / ____ / ____ Sex: M F
(mo/day/yr)

Parent/ Guardian Name (for children): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone(s): _____

Evening Phone(s): _____



Please list any health problems, mental or physical conditions that might require special planning or consideration for this child's participation in overnight activities at the Zoo. Examples: allergies, chronic disease, crippling conditions, emotional instability, sight or hearing problems, delayed development of bladder or bowel control, seizures, special diet or any condition requiring medication.

List conditions/ medications

(Use additional sheet if necessary)

In emergency, if unable to contact parents, contact:

Name: _____

Day Phone: _____

Evening Phone: _____

In consideration of my participation in the overnight, I hereby release, waive and hold harmless the Oregon Zoo, Metro, and all of its instructors, employees, officers, directors, agents and volunteers from any and all liability, losses or claims to me, to my child or ward, and to all my legal representatives, assigns, heirs and next of kin for damage and injury to me or my child or ward or to any person or property arising out of participation in the program whether on Oregon Zoo property or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Oregon Zoo staff or any of the individuals listed above. I also authorize Oregon Zoo to use local emergency services in order to secure proper treatment and allow the Oregon Zoo to use my child's name and photograph for education and public relations purposes to the Zoo. Any directions to the contrary should be specified and signed on a separate sheet..



Legal Parent/ Guardian: _____

Date: _____