



ADULT CAMP AND WORKSHOP CONSENT AND ASSUMPTION OF RISK

I, _____ (printed name), the undersigned person, understand and agree to all the terms below as pertains to the Phoenix Zoo's program that I am participating in on _____ (date):

- 1. I agree to participate in the Phoenix Zoo's camp, workshop, tour or other program. Participation is purely voluntary, and if at any time I feel uncomfortable with the activities I may notify the instructor-in-charge that I do not wish to participate and accommodations will be made for me to either observe or leave the program.
- 2. I understand that I choose to engage in hands-on tasks as a part of this program.
- 3. I understand that a Phoenix Zoo employee/volunteer will explain any safety rules before participating. I agree that I have a responsibility to ask questions, clarify any rules, regulations or instructions that I do not understand or have any doubts about.
- 4. I understand that this program may involve riding in an electric-powered cart, train or mule ride wagon as a part of any tour associated with the program.
- 5. I agree that I have a responsibility to conduct myself in a safe and reasonable manner, staying with the group at all times.
- 6. I understand that transportation to and from the Phoenix Zoo is the responsibility of the undersigned person.
- 7. I am aware that there are certain risks and dangers in any activity and in consideration of participating, hereby waive, release, and hold harmless the Phoenix Zoo for any liabilities, claims, demands, or cause of action that arise from my own negligence.

Yes No This person is participating in this program through another organization.

Name of Organization *Located in City/State*

Yes No Should an emergency arise, I give my permission for Phoenix Zoo Park Rangers to render first aid and provide or obtain emergency medical services as the situation warrants.

Emergency Contact *Phone Number(s)*

Yes No I have a medical condition, allergy, physical or other disability that requires special attention. (Please make sure that this is discussed in person with the Phoenix Zoo staff member that greets your party.)

Allergies, current medications, or special conditions requiring attention: _____

Physician's name and phone number: _____

Hospital preference: _____

I have read and do agree to the terms above.

Signature

Date

Optional Film and Photographic Publicity Release:

Yes No I hereby authorize the Phoenix Zoo and its representatives to use, without obligation to me, any photographs and motion pictures taken of us as individual subjects for any and all publicity and advertising purposes they may designate in promotion of their not-for-profit mission.

Yes No We would like to participate in the group photographs for keepsake purposes and understand that these group photographs may be posted on the Phoenix Zoo's website.

Printed Name

Signature

