



CAMP POLICIES AND RELEASE FORM

Please read ALL PAGES of this form and sign on the last page indicating you have read and agree to the Hold Harmless Statement, Behavioral Policy, Photo Release, Medical Information and Accommodation and, Emergency Treatment Authorization.

Your child cannot stay at zoo camp without this form. You must return this form to the zoo at least two weeks before the first day of camp or class.

Hold Harmless Statement

I agree that my child's participation in activities associated with Zoo camps or programs (the activities) while on the Racine Zoo premises is voluntary and at the sole risk of the undersigned. In consideration for my child being permitted to access and utilize the Zoo premises, facilities and equipment the undersigned agrees for themselves and their heirs and assigns to release and discharge the Zoo and the City of Racine from any claim, demand, injury, cost, or liability, whether resulting from the negligence of the Zoo and/or the City of Racine or otherwise arising out of or resulting from or incident to my child's participation in the activities or the use of the premises, or any of its equipment or facilities in connection with the activities.

Behavior Policy:

The Zoo is committed to ensuring that all children who attend Zoo programs are provided an atmosphere where they can learn together free of harassment or intimidation. Fun and safety are only possible when there are behavioral guidelines that all campers agree to follow. You and your child are advised to inform any member of the Zoo staff of any conduct that is offensive or that is in contradiction to the Zoo's commitment to a harassment-free environment.

All participants are expected to show respect for teachers, fellow students, themselves, Zoo staff and guests, and facilities. Disruptive or dangerous behaviors and physical aggression are not acceptable. Our teachers are professionals and they will use sound, positive management tools within their classes. If any student does not respond to these measures, the student will be escorted to the education office for a time out. If the problem behavior persists, we will communicate with the parents or guardians and the participant may be removed from the program with no refund of program fees.

By participating in a Zoo program, you agree to the terms of the Behavior Policy.

Page 1 of 3: Your signature is required on PAGE 3 of this form.

Photo Release

During the course of our programs, we may take pictures of your child or your child's crafts or artwork, which could be used for publicity purposes. By signing below, you authorize the Racine Zoo and its official representatives to use, without obligation, photos or motion pictures of you, your child(ren), and/or their work for any and all publicity, publications, and advertising purposes that the Zoo may designate.

Carpool and Safety Information

We encourage carpooling for your convenience and for the environment! If you carpool with friends, please communicate clearly to your child who will be picking him/her up each day. If there are custody questions or circumstances that we need to be aware of, please notify the Conservation Education office in writing indicating the name(s) of the person(s) and relationship to the camper.

Hold Harmless, Behavior Policy, Photo Release, and Confidential Medical/ Behavioral Information and Accommodation Form

Dear Parent/Guardian,

All children are welcome at Racine Zoo programs. Please include any necessary medical or behavioral information that will help us provide a safe and fun learning environment for your child. This includes food and other allergies. This information will be used only as needed and solely by the Zoo. This is a confidential form.

This form must be completed and signed in order for your child to participate in a zoo program.

Name of Participant / Camper / Your child: _____

Grade level and age of participant: _____

Name of Camp program enrolled in: _____

Dates of participation: _____

Name of Parent/Guardian (please print): _____

Parent phone number during program: _____

EMERGENCY CONTACTS *(if we cannot reach the parent/guardian above):*

NAME	PHONE # DURING PROGRAM	RELATIONSHIP TO CAMPER

Are the persons listed above authorized to pick up your child? Yes No

Emergency Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, or hospital or other medical or health care facility or provider (“Medical Provider”) to provide medical care to me or the minor participant for any injury and/or condition that occurs, manifests or arises at any camp or program activities or related activities. I further authorize any Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve any illness, injury, and/or condition.

I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risk for and on behalf of myself and/or said minor. I acknowledge that no warranty is being made as to the result of medical treatment. I agree that I, or the minor participant is capable of participating in camp or program activities except as otherwise noted below.

In addition, I agree to the terms of the hold harmless, behavior policy and photo release as described above.

Medical or behavioral information that will help us provide a safe and fun learning environment for your child (if there are none that you are aware of, please indicate by writing NONE):

Signature of parent/guardian : _____ **Date:** _____