

ZOONIVERSITY (Grades 6 - 8)
PARTICIPANT RELEASE AND WAIVER FORM

Every student must have a completed and signed release form to be turned in before or on the first day of session.

Student's Name _____ Date of Birth _____ Grade _____

Address _____ City, State, Zip _____

Guardian's Name _____ Phone _____ Second Phone _____

After-school program from 3:15pm - 4:30pm.
Series \$45 for Members, \$55 for Non-Members
(Circle your choices)

Zoology: Reptiles Tuesdays, September 8, 15, 22, 29 \$ _____

Zoology: Birds Tuesdays, October 6, 13, 20, 27 \$ _____

Total \$ _____

Please list any medical/physical limitations (allergies, etc.) or other concerns pertaining to student:

Zooniversity Rules and Regulations

1. Everyone must follow the instructions of Zoo staff.
2. Only registered students are allowed to attend class.
3. Cell phones are for emergency purposes only.
4. No running or horseplay throughout the Zoo.

Accident Release, First Aid, Media and Financial Responsibility Wavier

I understand that the educational programs are provided by the St. Augustine Alligator Farm, and understand the inherent dangers involved with participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that the participants in such programs are not covered under the insurance of the Alligator Farm and that the Alligator Farm would not allow participation in these programs absent my signing this release. I authorize and grant permission for a representative of the Alligator Farm to treat minor injuries including scrapes, small cuts, splinters, and insect bites. I authorize and grant permission for a representative of the Alligator Farm to obtain emergency medical care from any licensed physician, hospital and/or medical clinic should it become necessary while participating in the educational activities at the Alligator Farm. I therefore freely and voluntarily execute this release with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with participation in any educational programs offered by the the Alligator Farm. I hereby release and discharge the Alligator Farm and any and all agents of the Alligator Farm from any liability, claim, and cause of action, demand or damages from injury or damages of any kind to me, my child or my property as a result of participation in the educational programs at the Alligator Farm. I grant permission and understand that photos and other images taken during this event could be used in print advertisement and other forms of media. I further waive, release, absolve and agree to indemnify and hold the Alligator Farm harmless as a result of participation in any educational programs sponsored by Alligator Farm. I have read the Crocodile Corner Rules and Regulations and understand that my child and I must adhere to them. I understand that should I or my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program with no refund.

Parent/Guardian Signature _____ Date _____

