

Education Program Waiver Packet

Program Participant: _____

Program Title: SUMMER SAFARI CAMP



(Updated June 2018)

This letter is to advise you that the Safari Camp Program is not licensed by the state of Georgia. This program is not required to be licensed by the state of Georgia and this program is exempt from state licensure requirements.

Safari Camp is held during school breaks throughout the year. Safari Camps provide a fun and exciting opportunity to learn about animals and nature in a spectacular outdoor environment.

I acknowledge and understand that Zoo Atlanta's Safari Camp Program is not licensed by the state of Georgia or any of its agencies.

Signature of participant's parent/guardian

Date

Media Release Waiver

I give permission to Zoo Atlanta and its representatives to take and use my or my child(ren)'s image and/or quotes for any purpose whatsoever, including advertising and publicity through any media including radio and television. I understand that in this instance, I or my child will not be identified or compensated. I further agree that all property rights in and to any advertising or publicity materials, films or recordings containing my image or quotes, or my child(ren)'s, are the sole and exclusive property of Zoo Atlanta.

I have carefully read, clearly understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon Releasers. This agreement may be signed and delivered electronically and, if so, shall constitute an electronic record signed by electronic signature with the meaning of such terms under applicable law, and such electronic record and signature will constitute an original for all purposes.

___ **YES, I give permission** for my image/my child's image to be utilized

___ **NO, I do not give permission** for my image/my child's image to be utilized

Signature of participant's parent/guardian

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Consent for Research Participation

Zoo Atlanta is a “Research Zoo”, meaning that we regularly perform research studies of our animals, both at the Zoo and in the wild. In addition, the Zoo performs research that focuses on guest impact, perceptions and educational program outcomes. All these research projects are part of how the Zoo measures their impact and progress in achieving the mission to protect wildlife and wild places. Specifically, in our Education Department, the Zoo is evaluating program impact on our participants as well as working with a team of psychologists from Zoo Atlanta and Duke University who study how children learn to make decisions.

Your student is being invited to contribute to these research projects. Information will be collected as part of the program, using surveys and games. This information will be used for program improvement, and to assess student learning and interest. We would like your permission to use your child’s responses as part of this in research about the program, which may be published. It is important that you know that reporting is done in the aggregate and no individual information is shared. Participant’s identity is confidential and anonymized by program staff. After analysis, the surveys are stored in a secure location and will be destroyed within one year of the completion of the program. Participation in these surveys is voluntary, and should you elect to not partake in this portion of the program it will not affect any other activities during the program.

If you have any questions in relation to the program, please contact Michelle Kolar, Vice President of Education at Zoo Atlanta, mkolar@zooatlanta.org

For specific questions about the research team please contact Aleah Bowie (aleah.bowie@duke.edu).

If you have questions about participants’ rights in these studies, contact Duke’s research review committee at ors-info@duke.edu.

.....
____ **Yes, I do** give permission for my child to participate in Zoo Atlanta research studies

____ **No, I do not** give permission for my child to participate in Zoo Atlanta research studies

Signature of participant’s parent/guardian

Date

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Acknowledgement of Risk, Waiver & Release of Liability

In consideration of the services of Zoo Atlanta, its officers, directors, trustees, members, agents, employees, subcontractors, guests, facilities, and all other person or entities associated with those persons or entities, including their respective heirs, successors, assigns, and personal representatives (hereafter collectively referred to as "Releasees"), I, for minor(s), and on behalf of my and his/her/their respective heirs, assigns, and personal representatives (collectively, "Releasers"), hereby agree as follows:

I understand that there are risks arising from participation in the Zoo Program, including, without limitation, risks arising from (1) the use of Zoo Atlanta's facilities, vehicles, and equipment, (2) activities conducted in potentially adverse weather conditions (such as heat, humidity or rain), (3) contact with zoo animals and their byproducts, (4) contact with food, products, tools, and other items used to care for and maintain zoo animals, and (5) working with Zoo Atlanta personnel in connection with any of the foregoing. I further understand and acknowledge that participants in such programs are not covered under insurance of Zoo Atlanta. I hereby give my consent and authorize and grant permission to representatives of Zoo Atlanta to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital and/or medical clinic, at my expense, should I or my child become ill or injured while participating in any Zoo Atlanta activities. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss or damage arising from or in any way connected with my or my child's participation in any educational program(s) offered by Zoo Atlanta.

I hereby release and forever discharge Zoo Atlanta and any and all agents of Zoo Atlanta from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to me, my child and/or my property as a result of my or my child's participation in the education programs of Zoo Atlanta. I further waive, release, absolve and agree to indemnify and hold harmless Zoo Atlanta as a result of my or my child's participation in any educational program sponsored by Zoo Atlanta.

By signing this release, the Customer agrees that the terms of this Release are binding upon the Customer and his/her heirs, executors and assigns, and all members of Customer's family. Customer accepts that this Release is governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of laws or principles. In the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

Signature of participant's parent/guardian

Date

Print name of participant's parent/guardian

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Camper Health History Form

This form must be completed and returned in order for your child to participate in camp.

Camper Name: _____
First Middle Last

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

For Campers enrolled in the half-day camps (4-6 year-olds), we reserve the right to ask for a copy of camper's birth certificate.

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1) Complete this form and make a copy.

2) Send the original, signed form to camp prior to the start of your child's camp.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____

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Allergies:

☐ No known allergies.

This camper is allergic to: ☐ Food. ☐ Medicine. ☐ The environment (insect stings, hay fever, etc.). ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant.

☐ This camper is gluten intolerant. ☐ Other, **please explain in space.**

Restrictions:

☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. **(Please describe below.)**

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health or behavior that you think is important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Medical Insurance Information:

This camper is covered by family medical/hospital insurance. ☐ Yes. ☐ No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. I

Signature of Custodial Parent/Guardian _____ Date: _____

Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed