



## Safari Adventure 2020 Private Overnight Camp Registration Form



Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Group Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about this camp? \_\_\_\_\_

	# of people	Off season (Oct-Feb)*		Peak season (Mar- Sept)*		Total Fee	
		Member	Non-Member	Member	Non-Member		
Adult		\$65	\$75	\$75	\$85		
Child (3-12 years)		\$40	\$50	\$45	\$60		
2 and under		FREE	FREE	FREE	FREE		
Dome tent (4-6 person)		\$15/tent		\$15/tent			
						Total Due	

\* Overnight needs to take place between these dates; private overnights require a minimum of 10 participants

Deposit Amount: \_\_\_\_\_ Cash \_\_\_\_\_ Check#: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of card: Visa MC Discover AmEx

**Cancellation policy:** *Payment must be made in full at time of booking. Payment is nonrefundable but transferable.*

Participant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date booked: \_\_\_\_\_ Reservation Taken by: \_\_\_\_\_



## Medical Waiver and Authorization Form

Name: \_\_\_\_\_

Allergies? (food, animal, etc.) \_\_\_\_\_

Does your child have any special needs or considerations?  No  Yes

If yes, please list any medical conditions or activity restrictions in the space below:

Up-to-date tetanus vaccination?      Yes                      No

Primary Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Emergency Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I accept and understand that Wildlife Safari is not liable for any injury that my child may incur while on the premises for the camp. I understand that participation in programs at the zoo involves some contact with animals and as such carries with it the potential for risk of injury. Furthermore, in case of medical emergency, I authorize Wildlife Safari and its employees or volunteers to secure all necessary medical services for my child. Further, I agree to be solely responsible for the payment of those services.**

Parent/guardian \_\_\_\_\_

## Media Release Form

Wildlife Safari may take photos and videos for publicity or documentation purposes (including for the camp Photo CD). These may be used in newsprint, television, The Wildlife Safari website, and park publications/presentations.

Parent/guardian \_\_\_\_\_

**Unloading:** Campsite is open at 4:30. You can check in at Guest Services and unload your gear on the **Events Lawn** down in front of Education.

Space is limited and available on a *first come, first served* basis.

Please complete **registration, medical waiver and media release form including payment**. You may drop off completed forms at Wildlife Safari's Guest Services or mail to:

Wildlife Safari Camp Registration, PO Box 1600, Winston, OR 97496 or [education@wildlifesafari.net](mailto:education@wildlifesafari.net)

For more information call 541-679-6761 ext 221 or visit [www.wildlifesafari.net](http://www.wildlifesafari.net)