



## Safari Adventure 2022 Public Overnight Camp Registration Form



Participant's Name: \_\_\_\_\_ Number in party: \_\_\_\_\_

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

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

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

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

Public Night Attending (check one):

- July 2<sup>nd</sup>
- July 9<sup>th</sup>
- July 30<sup>th</sup>
- August 20<sup>th</sup>
- August 27<sup>th</sup>

Public Night	Number	Fee	Total Fee
Adult		\$85	
Child (3-12 years)		\$60	
2 and under		FREE	
Dome tent rental (3-4 person)		\$50/tent	
			<b>Total Due</b>

Enclosed Amount: \_\_\_\_\_ Cash

Check#: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Exp.Date: \_\_\_\_\_

Type of card: Visa MC Discover AmEx

CVV Code: \_\_\_\_\_

***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)



## COVID-19 Waiver

Wildlife Safari has put in place preventative measures to reduce the spread of COVID-19. However, Wildlife Safari cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in WS encounters or events. By attending a WS event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19;  
or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I understand that participation in programs at Wildlife Safari includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. I acknowledge and understand that Wildlife Safari is not liable for any injury or illness that may incur while on the premises.

Signature parent/guardian \_\_\_\_\_

Print name parent/guardian \_\_\_\_\_

Date: \_\_\_\_\_