



2023 Exploring Wildlife! Registration Form (Ages 8-11)



Participant's Name: _____ Age: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a member of Wildlife Safari? Yes No E-mail: _____

How did you hear about this program? _____

Emergency Contact Person: _____ Phone: _____

Relation to Participant: _____

Please indicate the program(s) for which you would like to register your child. If you have multiple children participating, please send one form per child. Payment must be made in full at the time of registration

This is an afternoon program from 1:00 pm-4:00 pm.

Programs	Non-Member Fee	Member Fee	Parent Fee	Total Due
Habitat Heroes! January 19 th 1-4 pm	\$50	\$45	\$5	
Looking for Love February 16 th 1-4 pm	\$50	\$45	\$5	
Radical Raptors March 23 rd 1-4 pm	\$50	\$45	\$5	
Zooperstitions April 20 th 1-4 pm	\$50	\$45	\$5	
	Total Fee Due:			

Enclosed Deposit Amount (if applicable): _____ Cash _____ Check#: _____

Credit Card: _____ Exp.Date: _____ Security Code: _____

Cancellation policy: If cancelled there will be a50% refund on tuition.

Parent/Guardian Signature: _____ Today's Date: _____

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

You may e-mail completed forms to: education@wildlifesafari.net

For more information call 541-679-6761 ext 3221 or visit www.wildlifesafari.net



Medical Waiver and Authorization Form

Child's Name: _____

Allergies? (food, animal, etc.) _____

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

If yes, please explain (listing any medical conditions, activity restrictions, etc.) in the space below:

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 myself or 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 our Facebook page). These may be used in newsprint, television, The Wildlife Safari website, and park publications/presentations.

Parent/guardian _____

Pick Up/Drop off: Camp runs from 1:00-4:00 pm with check-in beginning at 12:50 am. Please drop off your child at the **Cheryl Ford Center**. Upon pick up the guardian/parent or other designated adult will sign the child out to ensure child's safety. **Initials** _____

I understand that Wildlife Safari reserves the right to terminate this camp experience if it is determined that there are safety concerns. **Initials** _____

I give permission for the following people to pick up my child from the 2023 Summer Camp at Wildlife Safari.

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian _____ Date _____

Activity/Event:

Date:

Dept:

ANIMAL ACTIVITY/EVENT WAIVER AND RELEASE OF LIABILITY

- 1. ASSUMPTION OF RISK.** I, the undersigned GUEST, understand and assume all inherent and irreducible risks, including the risk of personal or bodily injury, property damage, or death, associated with interactions with unpredictable wild animals, which exist even in the exercise of due care by SAFARI GAME SEARCH FOUNDATION (DBA WILDLIFE SAFARI) (“WILDLIFE SAFARI”), and my full compliance with all ENCOUNTER RULES attached as page 2 to this agreement (“ENCOUNTER RULES”).
- 2. WAIVER AND RELEASE OF LIABILITY.** I, the GUEST, on behalf of myself, my family, my heirs, personal representatives, and assigns, forever release, waive, and covenant not to sue WILDLIFE SAFARI for any and all claims arising from or relating in any way to my participation in any and all WILDLIFE SAFARI animal encounters, activities, or events, including but not limited to claims for personal or bodily injury, property damage, or death, to the fullest extent allowed under applicable law.
- 3. ENCOUNTER RULES.** I, the GUEST, agree to comply with all ENCOUNTER RULES at all times during any and all WILDLIFE SAFARI animal encounters, activities, and events that I participate in.
- 4. SEVERABILITY.** If any portion of this release is deemed invalid, then the offending provision(s) shall be severed and the remainder shall be in full force and effect. Any modification to this release must be confirmed in writing and signed by both parties.

ENCOUNTER RULES

- 1. YOU ARE ENTERING WILDLIFE SAFARI AT YOUR OWN RISK.**
- 2. PROMPTLY FOLLOW ALL INSTRUCTIONS GIVEN BY WILDLIFE SAFARI RANGERS AT ALL TIMES.**
- 3. CHILDREN UNDER AGE 3 MUST BE CARRIED OR HELD BY AN ADULT AT ALL TIMES DURING AN ENCOUNTER.**
- 4. NO RUNNING, JUMPING OR SCREAMING IS ALLOWED NEAR THE ANIMALS.**
- 5. DO NOT FEED THE ANIMALS UNLESS DIRECTED TO DO SO BY WILDLIFE SAFARI RANGERS.**
- 6. DO NOT TOUCH THE ANIMALS WITHOUT DIRECTION FROM WILDLIFE SAFARI RANGERS.**

7. ALL GUESTS MUST STAY WITHIN THE BOUNDS DEFINED BY WILDLIFE SAFARI RANGERS AT ALL TIMES, AND MUST REMAIN AT LEAST FOUR (4) FEET AWAY FROM ANY FENCE ENCLOSING ANY ANIMALS.
8. FAILURE TO COMPLY WITH ANY WILDLIFE SAFARI RULES IS CAUSE TO ESCORT YOU AWAY FROM THE ENCOUNTER, ACTIVITY, OR EVENT, AND/OR OFF THE PROPERTY.
9. ANIMALS ARE INHERENTLY UNPREDICTABLE. NO REFUNDS WILL BE GIVEN IF THE ANIMAL DOES NOT PARTICIPATE OR COOPERATE IN THE ENCOUNTER, ACTIVITY, OR EVENT.

GUESTS SIGNATURE PAGE(S) – Please fill-out one signature line per guest

Check Appropriate Line and Sign:

_____ I am at least 18 years old, have read this Waiver and Release of Liability, and understand and agree to its terms.

_____ I am the parent or legal guardian of (a) minor(s) participating in a WILDLIFE SAFARI animal encounter, activity, or event, I have read and understand this Waiver and Release of Liability, and agree to its terms on behalf of the participating minor(s).

Signature of Participant or Parent/Guardian (if Participant(s) under 18)

Date: _____

Printed Name of Signer Above