# Consent Form & Medical Information

**Date** _____

**Participant Name(s)**

_____

_____

_____

_____

_____

**Release of Responsibility**

Release: Consent

We/I consent to the administration of reasonably necessary first aid by the Zoo in the event that I or someone in my group becomes ill or injured on the premises of the San Antonio Zoo while participating in Zoo activities.

We/I acknowledge that the San Antonio Zoo assumes no responsibility or liability for medical treatment provided pursuant to this authorization. I also authorize the San Antonio Zoo to use local emergency services to secure proper treatment for this person.

I understand that participants may be removed from any program to protect the health, safety and/or experience of each individual. Refunds cannot be made in these circumstances.

We/I acknowledge that an inherent risk of exposure of COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Center for Disease Control and Prevention, senior citizens and guest with underlying medical conditions are especially vulnerable. By participating in Zoo Camp, I/we voluntarily assume all risk related to exposure to COVID-19 for my child, self and family/group.

Release 1

We/I agree that my program participants and I consent to have photos and/or video taken of our image or likeness to promote and advertise the San Antonio Zoo and its designated partners and affiliates.

Release 2

We/I voluntarily release San Antonio Zoo and its agents and employees from all liability for any injury and/or illness, or otherwise by members of my group while participating in Zoo activities, including, without limitation, injuries or illnesses resulting from falls, contact with animals or vehicular transportation.

We/I assume full responsibility for risks.

**Please list any food allergies, health or behavioral conditions that may require special consideration for your participation in the Overnight Program.** _____

_____

**Please include any medications taken on a regular basis.**_____

_____

**Name of Doctor**_____ **Phone Number**_____

**Whom to Notify in case of Emergency**_____

**Relationship**_____ **Phone Number**_____

**Signature of Participant or Parent/Legal Guardian**_____

**Address**_____**City** _____ **State**_____ **Zip Code**_____

**Cell Phone No.**_____ **Alternate Phone No.** _____