



**THE ZOO**  
IN FOREST PARK &  
EDUCATION CENTER

*Forest Park  
Zoological Society*

Post Office Box 80295  
Springfield, MA  
01138-0295

Child \_\_\_\_\_

Age \_\_\_\_\_

Week of Camp \_\_\_\_\_

# Zoo Camp

## Permission Slip & Release

I, (print name) \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ (camper's name), give my permission for him/her to  
participate in **Zoo Camp** at the Zoo in Forest Park. I (and my child) agree to be bound by all rules and  
regulations established by the Forest Park Zoological Society operating the Zoo in Forest Park, and to  
use due care and caution while on the grounds of the Zoo.

I agree to hold harmless, the Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives for any  
and all injuries and damage (ie allergies, etc.) incurred by my child while on the grounds of the Zoo in Forest Park and in  
Forest Park during operating hours.

I hereby give Forest Park Zoological Society, Inc., its assigns, licensees and legal representatives, the right to use the  
Applicant's name, picture or likeness in all forms and media and in all manners, including composite and distorted  
representations, for advertising, trade, or any other lawful purpose, and waive any right to inspect or approve the finished  
version(s), including written copy that may be created in connection therewith.

I am the parent or guardian of the applicant minor named above, and have the legal authority to execute the above release.  
I have read this release and am fully familiar with its contents. I approve the foregoing and waive any rights in the  
premises.

Parent/Guardian signature \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date \_\_\_\_\_