



Winter Wonderland Zoo Stroll:

Beginner animal experiences for families

Program Date and Time:

December 15, 2021, 3 p.m. to 3:30 p.m.

Cost per family (up to 2 adults and 2 children):

Nonmember: \$25 | Member: \$20

*Additional children: \$5 | *Additional adult: \$10

THE ZOO
IN FOREST PARK &
EDUCATION CENTER

Program Registration Form

Name of Accompanying Adults: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone Number to Reach You: _____ or _____

Email: _____

Payment (please circle one; The Zoo does **not** accept American Express cards.):

Check (payable to Forest Park Zoological Society) Visa Master Card Discover Total Enclosed: \$ _____

Card Number: _____ Expiration Date: ____ / ____ CVC: _____

Name on Card: _____ Signature: _____

Permission Slip & Release

I, (print name) _____ the parent/guardian of
_____ (child/children), give my permission for them to participate in **Winter Wonderland Zoo Stroll** 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 (i.e. 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.

Signature: _____ Date: _____

Please email or mail completed
registration forms to:

The Zoo in Forest Park & Education Center
P.O. Box 80295 | Springfield, MA 01138-0295
Phone: 413-733-2251, ext. 305 | Fax: 413-733-2330
Email: education@forestparkzoo.com