



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 _____