



Overnight Adventures



Group Name or Troop/Pack Number: _____

Group Leader: _____

Leader's Email: _____

Group Leader's Address: _____

Group Leader's Phone (DAY): _____

(EVE): _____

First Choice of Date: _____

Second Choice of Date: _____

Please circle overnight program of choice: Creatures of the Night Zoo Clues Predator Prowl Custom

Please note that programs marked as "custom" are subject to approval and must be booked with a minimum of four (4) weeks' notice.

	Number of Participants	Fee Per Person	Total Fee
Total Children (minimum 15)		\$40.00	
Group Leader (required)	1	Free	\$0.00
Additional Adults		\$30.00	

A \$150 non-refundable deposit is required at the time of registration to hold requested date/time.

Total Fee Enclosed: _____

Please review the full payment policy details that are included in this packet before submitting your registration.

Method of Payment

_____ Check (payable to Palm Beach Zoo and Conservation Society)

_____ Credit Card: _____ Visa _____ MasterCard _____ Discover _____ American Express

Account Number: _____

Exp. Date: _____

Billing Zip Code: _____ Security Code: _____

Authorization Signature: _____

Date: _____

Please return this form and \$150 non-refundable deposit to: Palm Beach Zoo & Conservation Society; 1301 Summit Blvd.; West Palm Beach, FL 33405

Phone: 561-533-0887 ext. 229

Fax: 561-585-6085

education@palmbeachzoo.org

Overnight Adventures

PARTICIPANT RELEASE FORM

I, _____, authorize myself and/or my child(ren) to participate in the Zoological Society of the Palm Beach, Inc.'s d/b/a The Palm Beach Zoo (the "Zoo") Overnight Adventure. I agree, assume and understand that participation in the Zoo's Overnight Adventure and activity in all its forms may include "hazardous activities." These hazardous activities can include, but are not limited to, contact with wild animals, behind-the-scenes tours, animal encounters and recreational activities such as craft activities. Participation also includes the use of the Zoo facility, equipment, supplies and/or materials which are provided by the Zoo or are available at the Zoo which may also involve risks of injury.

I, on behalf of myself and my children, understand that it is my burden and obligation to insure that each child participates with care and control at all times. In using the facilities of the Zoo and participating in these activities, on behalf of my children and myself, I understand and accept that hazards exist; assume the inherent risk that injury may result to myself or my children and agree to unconditionally and fully releases the Palm Beach Zoo, its respective employees, volunteers, assigns and/or agents and representatives (collectively "the Zoo") from any and all past or future claims, demands, actions, causes of action, suites, or other liabilities of whatever kind, including, but not limited to, those arising out of the use of the Palm Beach Zoo its respective employees, assigns and/or agents and representatives' alleged negligence.

By signing this form, I acknowledge, on my own behalf and on behalf of each child designated below, that I am aware of each of the above circumstances and acknowledge their existence or potential and accept the risk attendant to these conditions, facts and circumstances and accept that certain hazards do exist and assume the inherent risk or injury may result there from. I acknowledge and understand on my own behalf and on behalf of each of my children identified herein that this release shall release the Zoo from all acts of negligence and any non-willful acts which have occurred or will occur in the future in connection with or relating to my use or my children's use or presence at the Zoo.

In the event of an accident, injury, illness or emergency, I give the Zoo permission to call 911 and to acquire emergency medical treatment and transportation on behalf of myself or my children. I understand that the Zoo does not assume any responsibility to take any of these actions. The Palm Beach Zoo will not administer, dispense or hold any medications. I understand that parents must make other arrangements if their child needs to take any medications. I give the Zoo permission to acquire emergency medical treatment or no parent or guardian or emergency contact can be reached.

The terms of this agreement may not be modified by any employee, representative, agent and/or assigns of the aforementioned companies. Participant agrees to be solely liable and save harmless Palm Beach Zoo, its respective employees, assigns and/or agents and representatives from liabilities, losses, injuries, damages or claims of any kind or nature arising out of his/her child's participation in zoo activities of any kind or nature. Participant hereby waives any and all rights of recovery arising as a matter of law or otherwise which you might now or hereafter have against Palm Beach Zoo, its respective employees, assigns and/or agents and representatives as set forth above.

I hereby release, discharge and agree to hold harmless and to authorize the Zoo to use any photograph pictures or portraits, video or other media for any reason whatsoever, including the use of any printed matter or other media (television, newspaper, Website, internet) in conjunction with the Zoo.

Please list below any medical concerns or conditions including allergies which the Zoo staff needs to be aware of during your stay at the Zoological Society of the Palm Beaches, Inc.'s d/b/a The Palm Beach Zoo. Please note that we cannot guarantee you and/or your child will not be exposed to peanuts or tree nuts.

Child's Name (Print): _____ Signature of parent/guardian: _____ Date: _____

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