



Consent Form & Medical Information

Date _____

Participant Name(s) _____

Release of Responsibility

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.

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.

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 _____

I, the undersigned participant or parent/guardian hereby consent to medical treatment or hospitalization deemed necessary by a licensed medical professional in the event of illness or injury on the premises of the San Antonio Zoo while participating in programs sponsored by the San Antonio Zoo.

I further consent to the administration of reasonably necessary first aid by the Zoo in the event of illness or injury while participating in programs sponsored by the San Antonio Zoo.

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.

Signature of Participant or Parent/Legal Guardian _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone No. _____ Alternate Phone No. _____