



# Consent Form & Medical Information

Date \_\_\_\_\_

Participant Name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### 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.** \_\_\_\_\_