

# Fort Wayne Children's Zoo

## Consent to Participate, Medical Release, and Photo Release

**Consent to Participate (Required):** I hereby give my consent for the registered participant to take part in the Fort Wayne Children's Zoo's program. I understand that he/she may touch animals and although closely supervised, there is risk of injury or illness from animal contact. I understand that there are inherent risks associated with any program activity and declare that I will not hold the Fort Wayne Children's Zoo, its instructors, volunteers, or employees responsible for any injury or illness arising from, or in any way connected with the program.

**Medical Release (Required):** I give the Fort Wayne Children's Zoo permission to seek and/or perform urgent and/or emergency medical care for the participant in the event it becomes necessary at the discretion of the Fort Wayne Children's Zoo. I understand that the Fort Wayne Children's Zoo will make reasonable attempts to contact me before seeking or providing medical care; however, I give my consent that emergency and/or urgent medical care may be performed in my absence if attempts to contact me are unsuccessful or implausible.

**Photo Release (Optional):** I give the Zoo permission to use photographs, audio or video recordings taken of Participant(s). I agree that the Zoo may use such images for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content. I authorize the Zoo its assignees and transferees to copyright, use and publish the same in print and/or electronically. I release the Zoo from any and all claims, demands, or actions arising out of the Zoo's use of any such media.

