



Point Defiance Zoo & Aquarium

Zoo Snooze - Adult Chaperone Form

****Please bring this completed form to your program****



_____/_____/_____
 First Name Last Name Program Date

_____/_____/_____
 Home Address City Zip Code

_____/_____
 Email Address Phone #

_____/_____/_____
 Emergency Contact Name Relationship to Chaperone Phone #

_____/_____/_____
 Emergency Contact Name Relationship to Chaperone Phone #

Health and Safety

Allergies/Dietary Concerns: _____
(Packaged granola type bars that may include nuts will be available during breakfast. Zoo staff are not responsible for any food items brought by other program participants.)

Other health concerns or medications: _____

Release of Liability

In consideration of acceptance into the above referenced Park program, I do hereby, for myself, my spouse, my children, my heirs, executors and assigns, release the Metropolitan Park District of Tacoma and the officials, officers, agents, and employees and volunteers of the Park District from liability for any harm, injury, or damage which I, or my minor children may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen.

I agree to hold the Metropolitan Park District of Tacoma and its agents, officials, employees, and volunteers harmless from any damage to persons or property, resulting from the negligence and/or intentional act of myself or my children.

I assume the responsibility of my physical fitness to participate in said activity and agree to abide by all rules and requirements of the program and the Park District.

I agree to have my photo taken during classes to be used only for publicity purposes by the Park District.

I am of lawful age and legally competent to sign this agreement. I understand the terms and have signed this document as my own free act.

I, the undersigned, hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Washington and if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have fully informed myself of the contents of this release by reading it before I sign it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

Program Cancellation Policies: Zoo Snooze overnight programs require a non-refundable deposit. For complete details regarding fees and cancellation policy, please refer to your Snooze contract. For all other programs, no refunds given on cancellations less than 14 days prior to program start date. Cancellations made more than 14 days prior to first date of program will receive an 80% refund. A 10% administrative fee will be charged for each program session change. PDZA reserves the right to cancel any program. In the event that PDZA cancels a program, all program fees will be refunded.

Signature: _____/Date: _____