

FRESNO CHAFFEE ZOO
PERMISSION AND EMERGENCY FORM

DATE _____
NAME _____ AGE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ GRADE _____
ALLERGIES or OTHER HEALTH PROBLEMS _____

I give my permission for my child/myself to participate in the Overnight Zoofari at the Fresno Chaffee Zoo.

_____ Date _____
(Parent / Guardian Signature)

EMERGENCY FORM: If parents cannot be reached please contact:

1. _____ Phone _____
2. _____ Phone _____

I give my permission for my child/ myself to be treated for any medical or dental emergency.

Signed _____ Date _____
Relationship _____ Allergies or physical problem _____
Physician's Name: _____ Phone _____
Address _____

LIABILITY RELEASE

In consideration of being permitted to participate in The Fresno's Chaffee Zoo "Overnight Zoofari", I agree to assume all risks connected therewith. I agree to release and discharge in advance, the City of Fresno and Fresno's Chaffee Zoo Corporation, their officers, employees, and agents from any and all liability for personal injury, death or property damage connected with my participation.

☐ I also authorize the Fresno Chaffee Zoo to use my or my child's photograph for educational and public relations purposes related to the Zoo.

☐ I do not authorize.

Signed _____ Date _____