



Kids Animal Academy

Student Information

Student Name: _____
Address: _____
City, State, Zip _____
Grade during current School Year _____
Birthday ___/___/___ Gender: **M F**

Parent/Guardian Information

Name: _____
Address: _____
City, State, Zip _____
Phone (Cell) _____ (Home) _____
Email: _____

Emergency Contact

Name: _____
Phone _____

Class Cost

Plus 7% Tax

4 week sessions- \$140/mo
1 drop in session- \$40.00

Please list any restrictions to activity (What cannot be done or what limitations are necessary)

Use this space to provide any additional information about the camper in regards to participant's behavior and physical, emotional, or mental health which the camp should be aware.

Parent/Guardian Authorizations:

The student described on this Kids Animal Academy contact form has permission to engage in all class activities except as stated in the restrictions section of this form. In the event that I or the emergency contact person cannot be reached in an emergency, I give permission to the physician that the wildlife park selects to administer treatment, including hospitalization for the person stated below. I hereby give permission to North Georgia Wildlife Park to provide basic first aid and seek emergency medical treatment.

Student Name _____

Signature of Parent/Guardian _____ i

Printed Name _____ Date ___/___/___



Disclaimer/Release Statement:

The undersigned recognizes and acknowledges the North Georgia Wildlife & Safari Park/Wildlife Wonders Volunteer & Encounter Programs will include contact with non-domestic animals which may involve risk of bodily injuries, both known and unknown, mental anguish and property damages, both known and unknown. Further, the undersigned hereby assumes each of the risks described above and releases and discharges North Georgia Wildlife & Safari Park/Wildlife Wonders, their officers, directors, agents, employees and all volunteers from any and all actions, causes for actions, claims, demand cost, expenses, attorney's fees, compensation, on all consequential or other damages now accrued or hereafter to accrue to or for the benefit of the undersigned on account if or in any way arising out of the participation by the undersigned in the Encounter Program, specifically including, without limitation, any personal injury or property damage incurred while on North Georgia Wildlife & Safari Park/Wildlife Wonders property. The undersigned also agrees that any photographs taken or audio-visual recordings (including film, videotapes, or digital format) made at North Georgia Wildlife & Safari Park/Wildlife Wonders by the undersigned will be used only for private non-commercial purposes, and that no other use (whether commercial or non-commercial) of such photographs or recordings will be made without the prior written authorization of North Georgia Zoo & Farm/Wildlife Wonders. The undersigned also agrees to wear a protective face mask, covering both the nose and mouth, for the duration of close contact or proximity to high risk animals and people, as well as, follow guidelines suggested by the CDC. The undersigned acknowledges that he/she has read and understands and fully agrees to the above.

Photography/Videography Release

I do hereby irrevocably authorize North Georgia Wildlife & Safari Park/Wildlife Wonders, its legal representatives and assigns, to copyright, publish, and use in all forms and media for any lawful purpose whatsoever, any photographic or video images or recordings of me or minor named below, in which I or minor may be included in whole or in part, alone or in conjunction with other persons, or composite or distorted in character or form, in conjunction with my own or other persons, or a fictitious name, or reproductions thereof, or in derivative works made through any medium. I do hereby waive any right that I may have to inspect or approve any images or recordings or the use to which they may be applied. If Minor, I do hereby waive any right that I may have on behalf of the minor named below to inspect or approve any images or recordings or the use to which they may be applied. I hereby release and agree to hold harmless North Georgia Zoo, its legal representatives and assigns, and all persons acting under its authority, from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the images or recordings, or in any processing tending toward the completion of the finished product.

I do hereby warrant that I am of full legal age and have every right to contract in my own name in the above regard. If Minor, have every right to contract as parent or legal guardian of the minor named below in the above regard. Further, I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof.

Type of Encounter(s): Kids Animal Academy

Minor Print Name: _____ Date: ____/____/____

Under 17 Must Have a Parent's/Guardian's Signature

Parent's/Guardian's Signature: _____ Date: ____/____/____

Adult Print Name: _____ Date: ____/____/____

Adult Phone: (_____) _____ - _____

Adult E-mail Address: _____