



Point Defiance Zoo & Aquarium Program Participant Information Sheet



Name _____ Birth Date _____ Age _____ Gender _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Phone #, Day () _____ Night () _____

Pager # () _____ Cell # () _____

Parent/Guardian _____ Phone #, Day () _____ Night () _____

Pager # () _____ Cell # () _____

Emergency Contact _____ Relationship _____ Day Phone # () _____

Program Name _____ Session Date(s) _____

Program Name _____ Session Date(s) _____

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Program Name _____ Session Date(s) _____

In addition to parent/guardians listed above, the following individuals are authorized to pick up my child:

Name	Relationship	Address	Phone #
1. _____			
2. _____			
3. _____			

Please complete the following section and explain below if necessary:

Does your child sunburn easily? yes no

Is your child allergic to bee stings? yes no

Does your child have any of the following?

Hearing Impairment Visual impairment Heart Problems Mobility Impairment

Seizures Blackouts Food Allergies Other Allergies

Asthma Diet Restrictions Other Medical Concerns _____

Please detail any medical conditions checked above: _____

Medications your child is taking: _____

Will your child need to be given medication during program hours? yes no

Please describe:

Please be sure to complete back of form →

Behaviors staff should be aware of: _____

Suggestions for handling this behavior: _____

Does your child have any strong dislikes? _____

Release of Liability

I certify that I am the legal parent/guardian of _____. 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 child or ward's mental and 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 or photo of my child or children, 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 for and on behalf of the participant. 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, notwithstanding, 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.

Signed By: _____ Date: _____

Program Cancellation Policy: No refunds given on programs cancelled less than 14 days prior to program date. For cancellations made more than 14 days prior to first date of program an 80% refund will be given. A 10% administrative fee will be charged for each program session change (cancellations are not considered session changes. This fee does not apply to program cancellations). PDZA reserves the right to cancel any program. In the event that PDZA cancels a program, all program fees will be refunded.



Please return signed and completed form to:
Point Defiance Zoo & Aquarium
Education Department
5400 North Pearl Street
Tacoma, WA 98407
or fax, Attn: Education to (253)-591-5448

