

CAMERON PARK ZOO WILD NIGHTS LIABILITY RELEASE

Date:

Please indicate only those children and adults who are attending the program:

Children:

Adults:

Address:

City, State, Zip:

Telephone (with area code):

Health problems or special needs:

****Participants must wear close-toed comfortable shoes
and appropriate clothing.****

I hereby authorize Cameron Park Zoo to take any steps to ensure my, and/or my child's health in case of an emergency. I also authorize Cameron Park Zoo to use my, and/or my child's photograph for education and public relations purposes.

**Signature of parent
of child/ren listed above:**

Date: