



FAMILY OR KIDS BUNK REGISTRATION

Adult Name: _____ Member Number: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email address: _____

Bunk Title _____ Date: _____

Participant Names

Name: _____ Date of Birth, if child: _____ Cost per person: \$ _____

Name: _____ Date of Birth, if child: _____ Cost per person: \$ _____

Name: _____ Date of Birth, if child: _____ Cost per person: \$ _____

Name: _____ Date of Birth, if child: _____ Cost per person: \$ _____

Total Fees: \$ _____

Please list all Participant Allergies, Medical Conditions or Special Needs:

NOTE: ONLY REGISTERED PARTICIPANTS WILL BE ALLOWED TO ATTEND PROGRAMS. PLEASE DO NOT BRING NON-REGISTERED CHILDREN, INCLUDING SIBLINGS, TO THE PROGRAMS. CHILDREN MUST BE THE AGE DESIGNATED FOR THEIR SELECTED PROGRAM AT THE TIME OF THE PROGRAM REQUESTED.

UNFORTUNATELY, THERE ARE NO REFUNDS. HOWEVER, REGISTRATION FEES FOR EVENTS YOU ARE UNABLE TO ATTEND CAN BE CONSIDERED A CHARITABLE CONTRIBUTION AND, THEREFORE, ARE TAX DEDUCTIBLE.

PROGRAM PARTICIPANTS WILL GO OUTSIDE IN ALL TYPEDS OF WEATHER, PLEASE DRESS APPROPRIATELY.

Permission and Consent: We/I acknowledge that the Denver Zoo might from time to time take photographs of the participants and attendees of Zoo programs and activities and that such photographs might be used in Zoo brochures and Zoo program advertising (the "Photographs"). I further acknowledge that as a result of my participation in Zoo programs and my presence at the Zoo premises, our/my image might from time-to-time be included in the Photographs. We/I hereby authorize the Foundation and its agents to take, use, display, publish, reproduce and distribute any and all Photographs that include my image and to create derivative works based upon all such Photographs.

Release: We/I voluntarily release the Denver Zoological Foundation, Inc., and its agents, volunteers and employees (the "Released Parties") from all liability for any injury and/or illness, or otherwise, while participating in these activities/classes, including, without limitation, injuries or illnesses resulting from contact with animals or vehicular transportation. We/I further agree to indemnify, save and hold harmless the Released Parties from any and all losses, damages and liabilities for indemnities, contribution of otherwise with respect to any and all property damage, personal injury and/or death incurred in connection with our/my participation in the above described activities/classes, as might be asserted by a third party (defined as any party other than the Released Parties or us/me). We/I assume full responsibility for these risks.

Date
Signature (The Denver Zoo requires a signature from a parent/guardian of each child listed above.)

MAIL PAYMENT AND FORM TO:
Denver Zoo Bunk with the Beasts, 2300 Steele St., Denver, CO 80205-4899
Forms with credit card payment may be FAXED to (303) 376-4839

Credit Card Payment: ___ Visa ___ MC ___ AmEx

Credit Card #: _____ Expiration Date: _____

PLEASE MAKE CHECKS PAYABLE TO: Denver Zoological Foundation