

# EDUCATION REGISTRATION FORM

Please use this registration form for Education Programs. Please use one form per family.  
Copies of this form may be used if additional space is required.

Family/Adult /Home-school Programs     Bunk with the Beasts     Children's Conservation Theater

**Adult Name:** \_\_\_\_\_ **Member #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date of Birth (Mo/D/Yr):** \_\_\_\_\_ **Grade Entering in the Fall:** \_\_\_\_\_

**Program Name/Session:**

1. First Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Cost: \_\_\_\_\_
2. Second Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_
3. Third Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date of Birth (Mo/D/Yr):** \_\_\_\_\_ **Grade Entering in the Fall:** \_\_\_\_\_

**Program Name/Session:**

1. First Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Cost: \_\_\_\_\_
2. Second Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_
3. Third Choice: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Amount Enclosed (Check or Money Order Only):** \$ \_\_\_\_\_

**Credit Card Payment:**  Visa  MC  AmEx

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Adults authorized to pickup child participants under 18 years old:**

**Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Participant Allergies or Medical Conditions:** \_\_\_\_\_

**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 TYPES 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.

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

PLEASE MAKE CHECKS PAYABLE TO: DENVER ZOOLOGICAL FOUNDATION. MAIL PAYMENT AND FORM TO:  
EDUCATION DEPARTMENT, DENVER ZOOLOGICAL FOUNDATION, 2300 STEELE ST., DENVER, CO 80205-4899. TO SUBMIT BY FAX PLEASE  
INCLUDE CREDIT CARD NUMBER, EXPIRATION DATE AND FAX TO (303) 376-4839.