2024 Zoo Camp Volunteer Registration Form

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| **Volunteer’s Name:** | **Camp Session(s):** |
| **Age:** | **Birth Date:** |

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| **Address:** |
| **City, State, Zip:** |
| **Phone Number:** |
| **Email:** |

**If the volunteer is under the age of 18:**

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| **Parent/Guardian’s Name:** | |
| **Phone Number:** | **Work Phone Number:** |
| **Email:** | |

**Emergency Information**

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| **Allergies:** |
| **Medical Conditions:** |
| **Medications:**  **\*Note: Volunteers on medications need to be self-medicating. The zoo is not responsible for dispensing or storing medications.** |

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| **Emergency Contacts:** | | |
| **Name:** | **Phone Number:** | **Relationship:** |
| **Name:** | **Phone Number:** | **Relationship:** |

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| **Zoo Camp T-Shirt:** Volunteers are required to always wear their shirts during their camp week, they will receive one free t-shirt with registration, other shirts may be purchased for an additional $15. |
| **Please indicate your requested size:**  Adult: \_\_\_\_\_\_S  \_\_\_\_\_\_M  \_\_\_\_\_\_ L  \_\_\_\_\_\_ XL |

**Media Release Waiver:**

I give permission to Wilderness Walk Zoo and its representatives to take and use my/my child’s image and/or quotes for any purpose, including advertising and publicity through any media (social media, radio, and television). I understand that in this instance, my child or I will not be identified or compensated. I further agree that all property rights in and to any advertising or publicity materials, films or recordings containing my image or quotes, or my child’s, are the sole and exclusive property of Wilderness Walk Zoo.

I have carefully read, clearly understand, and accept the terms and conditions stated here and acknowledge that this agreement shall be effective and binding upon releasors. This agreement must be signed before the participation in zoo camp.

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| \_\_\_\_\_\_ **Yes, I give permission** for my image/my child’s image to be utilized | |
| \_\_\_\_\_\_ **No, I do not give permission** for my image/my child’s image to be utilized | |
| **Volunteer Signature:** | **Date:** |
| **Signature of guardian:** | **Date:** |

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| **In the event of an emergency, I hereby authorize Wilderness Walk Zoo and its staff to seek medical treatment for my child in the event of an emergency injury or illness. I also grant permission to the physician selected by Wilderness Walk Zoo staff to secure and administer any treatment deemed necessary, including ambulance transfer and hospitalization. I understand every attempt will be made to contact me or those listed on this form as emergency contacts if such an event occurs.** | |
| **Volunteer’s Name:** | **Volunteer’s Signature:** |
| **Guardian’s Name:** | **Guardian’ Signature:** |

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| **Zoo Camp Forms must be completed and sent back by email or mail to secure your spot!**  **Email**: [wildernesswalkpaige@gmail.com](mailto:wildernesswalkpaige@gmail.com)  **Or Mail to Wilderness Walk Zoo:**  Attn: Zoo Camp  Wilderness Walk  9503 N State Rd. 27  Hayward, WI 54843  **For more information** contact Paige Sulley: (715) 558-8380 \* Email: wildernesswalkpaige@gmail.com |