



Printed Name of Minor Participant: _____

Date(s) of camp: _____

Name(s) of camp: _____

Please initial next to each item to confirm acknowledgement:

_____ **Cancellation Policy:** ZooTampa reserves the right to combine or cancel camps that have not met the minimum enrollment.

_____ **Refund Policy:** An 80% refund will be given if your cancellation request is received 15 calendar days or more before the first day of camp. A 50% refund will be given for requests made 14 to 10 calendar days before the first day of camp. No refunds will be given for cancellations made 9 or fewer calendar days before the first day of camp, or if you need to withdraw your camper during the camp week. Please note: There is a \$20 processing fee to reschedule 15 calendar days or more before the first day of camp, and a \$25 processing fee to reschedule 14 or fewer calendar days before the first day of camp.

Please initial next to each item to provide consent:

___ **Yes** ___ **No** **Medical Consent for Treatment of a Minor:** Pursuant to Florida Law, I authorize healthcare services to be provided for my minor child, listed above, while participating in ZooTampa activities and events. By signing below, I represent that I am either a parent with legal custody or the legal guardian of the minor child named below.

___ **Yes** ___ **No** **Video and Recording Release:** I hereby consent to ZooTampa at Lowry Park, their successors and assigns, full unreserved rights to use the photographs, videotape recording, audio recording taken of and/or recorded by me for purposes of display, reproduction, broadcast, and/or publishing, in any medium of public or private communication to promote programs of ZooTampa, a non-profit organization. Permission includes the right to retouch, edit, and make such alterations to photographs, video, or audio recordings that the above party may desire.

Printed Name of Natural Guardian: _____

Signature of Natural Guardian: _____ **Date:** _____