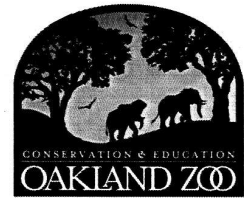


Bedtime with the Beasts

Liability Release



The Oakland Zoo must have a release form for EACH PERSON (children and adults) who spend the night in the Zoo. *Please return a completed release form at least 2 weeks prior to the event for each participant* to: Daniel Flynn, Oakland Zoo, PO Box 5238, Oakland, CA 94605; or fax to (510) 729-7324.

Overnight Date: _____

Participant Information

Participant's First Name: _____ Text _____ Last Name: _____
(Please Print Clearly!)

Does participant have any allergies or physical limitations? If so, please list: _____

Please call and alert us of any serious conditions of which we should be aware.

Date of birth (is under age 18): _____

Address: _____

City, State, Zip: _____

Parent or Guardian's Name (if under age 18): _____

Home phone: _____ Cell Phone: _____

Emergency Information

Please list the person to be called in the case of emergency. This must be a person who is NOT spending the night at the Zoo.

Name: _____

Relationship: _____ Phone Number: _____

Liability Release

The undersigned, in consideration of participation in the above program, agrees to indemnify and hold the Oakland Zoo and East Bay Zoological Society harmless and release The Oakland Zoo and East Bay Zoological Society of any and all liability for any injury which may be suffered by the above named individual registered in the program, arising out of or in any way connected with the participation in the program. I have read the above agreement, and fully understand that I assume all risk for participation in the above program. I also authorize the Oakland Zoo to use my and my child's name and photography for education and public relations purposes related to the Zoo. In case of emergency, when parent or guardian cannot be reached, I hereby give my permission to The Oakland Zoo to secure appropriate treatment for my child.

Signature: _____ Date: _____