

GIRL SCOUTS 2010 EDUCATION PROGRAMS REGISTRATION FORM

GIRL SCOUT WINTER DAYS AT THE ZOO

Cost: \$12 Girl / \$8 Adult

- Daisies:** January 23, 9 a.m.–12 p.m.
 Brownies: January 30, 9 a.m.–12 p.m.
 Juniors: February 6, 9 a.m.–12 p.m.



GIRL SCOUTS

Child's Last Name _____ First Name _____

Sex (circle): Male / Female Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____ Email Address _____

Health problems, Special Needs or request to be with a friend _____

I hereby authorize the Louisville Zoo to take any steps to ensure my child's health in case of an emergency.

I also authorize the Louisville Zoo to use my child's name and/or photograph for education and public relations purposes.

In consideration of the Louisville Zoo allowing my child to participate in this Louisville Zoo Education Program ("Program"), I, for myself and my child, hereby waive and release the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, from any and all claims or causes of actions for injury, damage or loss to the person or property of my child while participating in the Program. I further hereby agree to indemnify, hold harmless and defend the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, from any and all losses, claims, or causes of action for injury, damage or loss in any way relating to or arising from any incidence arising out of my child's participation in the Program. This Waiver and Release is intended to be an express waiver of and release from any and all claims against the Louisville/Jefferson County Metro Government and the Louisville Zoo, its officers, agents and employees, arising from my child's participating in the Program, including all claims or causes of action based upon the alleged negligence or gross negligence of the Louisville/Jefferson County Metro Government and Louisville Zoo, its agents, officers and employees.

Signature _____ Date _____

Zoo Member # _____ Amount Enclosed \$ _____ Check # _____

Credit Card (circle) MasterCard Visa Discover American Express

Acct. No. _____ Exp. Date _____

Signature _____ Print Name _____

- Registration fee must accompany the registration form.
- Please make your check payable to the Louisville Zoo.
- When registering more than one child, please send information on separate forms.

MAIL TO:

MetaZoo Education Programs
Louisville Zoo, P.O. Box 37250,
Louisville, KY 40233-7250

OR FAX TO: (502) 459-2196

