



## Serengeti Bush Camp Participant Waiver

IN CONSIDERATION of the permission granted to me, or, in the event the participant(s) is/are a minor(s), for whom I acknowledge I am legally responsible, permission is granted for the names listed here to participate in the SERENGETI BUSH CAMP program held at the Toronto Zoo.

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*[name of minor(s) (if applicable) participating in the program/event]*

I, for the participant, myself, my heirs, executors, administrators, successors, and assigns, hereby release, waive, and forever discharge, the Board of Management of the Toronto Zoo, the City of Toronto, and the Toronto and Region Conservation Authority and all their respective employees, agents, servants, contractors, representatives, elected and appointed officials, successors, and assigns, ("Zoo Parties"), of and from all claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity in respect of death, injury, loss, or damage to my or their person or property, arising or to arise by reason of my or their participation in the said program/event, whether as spectator, participant, or otherwise and whether prior to, during, or subsequent to the participation in the program/event, except to the extent caused by the negligence or willful misconduct of the Zoo Parties. I further hereby undertake to hold and save harmless and agree to indemnify all of the Zoo Parties from and against any and all liability by any or all of them arising as a result of, or in any way connected with, the participation in the said program/event, unless resulting from the negligence or wilful misconduct of the Zoo Parties.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED to the above RELEASE, WAIVER, AND INDEMNITY. I WARRANT that I am (or the participant is) physically fit to participate in the program/event.

☐ I have read and understand all policies as outlined by Toronto Zoo in the Bush Camp Overnight Information Handbook and agree to these terms and conditions.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Minor(s) (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_



Date: \_\_\_\_\_ Group Name (if Applicable): \_\_\_\_\_

Name: \_\_\_\_\_

Age at time of Program (for Participants under 18): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Special Needs / Allergies (or any other medical or dietary information or concerns we should be aware of):

[illegible]