

MEMPHIS ZOO
Adult Consent and Medical Release Form

Adult Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone: _____

Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Are you allergic to anything? Yes No If yes, please list and describe severity: _____

Are you taking any medications? Yes No If yes, please list:

Do you have any other health concerns that we need to be aware of? Yes No If yes, please explain:

I am enrolling in a program at the Memphis Zoo. I release the Memphis Zoological Society and the city of Memphis, and their respective officers, employees and agents, from, and I waive and indemnify the Memphis Zoological Society and the city of Memphis against, all claims, losses, liabilities, demands, actions or costs which I may now or later have because of any loss, damage or injury sustained by me during or by reason of the activities at or with the Memphis Zoo. I acknowledge that the Memphis Zoological Society does not carry medical insurance for me and that I am solely responsible for payment for my medical care. I give permission for the staff of the Memphis Zoological Society to hospitalize, secure proper treatment for, and/or consent to any treatment, injection, anesthesia or surgery deemed necessary for an injury or illness sustained by me. I agree that I will not come to the Memphis Zoo with any communicable disease. I understand and accept that my clothing and personal property could become stained, torn, or lost while engaged in activities at the Memphis Zoo. I give permission to the Memphis Zoological Society to use photographs of me and/or my work for publicity and other such purposes.

Sign: _____ Date _____

Print Name: _____