

# Wild Wonders Jr. Keeper-For-A-Day Program



Date(s) \_\_\_\_\_

- Participant Name(s) 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Release of Liability for All Participants Designated Above

I waive all rights and release all claims that might be had against Wild Wonders, Inc., its hired contractors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's participation in the above activity offered by Wild Wonders, Inc.

I consent to my child's participation in the activity/program of Wild Wonders, Inc. and their employees or agents to provide emergency treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition that would interfere with his/her participation.

Please include any necessary medical or behavioral information that will help us provide a safe and fun learning environment for your child on this confidential form. *This includes food and other allergies.*

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I give my permission to have my photo or the photo of my child taken during activities used for publicity purposes by Wild Wonders, Inc.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date