

HERSHEY ENTERTAINMENT & RESORTS COMPANY
GRANT OF PERMISSION, GRANT OF USE, RELEASE & HOLD HARMLESS AGREEMENT

RELEASE, WAIVER AND DISCHARGE OF ALL LIABILITY

In consideration of my and/or my child or children (hereinafter referred to as "Child) being permitted to participate in ZooCamp, which is located at ZOOAMERICA with an address of 100 West Hersheypark Drive, Hershey, Pennsylvania 17033, I hereby release and forever waive and discharge Hershey Entertainment & Resorts Company d/b/a ZOOAMERICA ("HE&R") and its shareholders, affiliated or related entities, employees, officers, directors, parent, agents, representatives, assigns, and insurers ("Released Parties") of and from all responsibility for any and all rights, claims, actions, causes of actions, demands, damages, including property damage, costs or judgments, losses, injuries, including bodily injury (including death) medical expenses (including reasonable attorneys' fees), liabilities, and legal costs or other compensation whatsoever, whether known or unknown, that I now have or that may hereafter accrue to me arising out of or related to my and/or my Child's participation in ZooCamp or while on the zoo grounds.

GRANT OF USE

By participating in ZooCamp, I grant HE&R, their employees, agents, representatives, licensees, assigns, its sponsors and their representatives, including any publishers or advertising media the right to use, copyright, advertise publicly, publish, distribute, or put to any other purpose my or my Child's photograph(s), statement(s), filmed or recorded image(s), recorded or live voice, and my name (hereunder referred to as the ("GRANT OF USE"), received by HE&R for any legal use whatsoever, including commercial use and use on HE&R's social media or websites. This GRANT OF USE is binding on my heirs, assigns, executors, administrators, and representatives.

INDEMNIFY AND HOLD HARMLESS:

I assume responsibility for, and agree to indemnify, defend and hold the Released Parties harmless against any and all loss, including judgments, damages, costs, expenses and attorney's fees that may be directly or indirectly related to any claim, demand or cause of action arising out of or related to my and/or my Child's participation in ZooCamp, while on the zoo grounds, or the GRANT OF USE.

GRANT OF PERMISSION (FOR MINORS UNDER THE AGE OF 18)

I hereby grant permission for my Child to participate in ZooCamp, and I grant permission for the ZOOAMERICA staff to take my Child off the ZOOAMERICA grounds and to accompany and participate in any and all appropriate activities with my Child. I understand that any money I give my Child for spending purposes is their responsibility and not the responsibility of the ZOOAMERICA staff. By signing this form, I declare that I am the legal parent/guardian of the minor Child listed below and authorized to grant such permission.

I have read this Grant of Permission, Grant of Use, Release & Hold Harmless Agreement, understand its terms, and have voluntarily and knowingly signed it as an indication of my acceptance.

Name of Participant (Print)

Date

Signature of Participant

SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Name of Parent or Legal Guardian (Print)

Name of Minor Participant (Print)

Signature of Parent or Legal Guardian

Date

ZOOCAMP 2019

EMERGENCY CONTACT INFORMATION

NAME OF MINOR PARTICIPANT (PRINT): _____

ZOOCAMP WEEK: _____

EMERGENCY CONTACT(S) DURING HOURS OF ZOOCAMP:

(Please list at least one contact.)

Name

Name

Emergency Contact Phone Number

Emergency Contact Phone Number

Relation to Minor

Relation to Minor

LIST ANY ALLERGIES OR CONDITIONS OF WHICH THE ZOOAMERICA STAFF SHOULD BE AWARE OF BEFORE YOUR CHILD PARTICIPATES IN ZOOCAMP.

LIST ALL PEOPLE AUTHORIZED TO PICK YOUR CHILD UP FROM CAMP.

EMERGENCY MEDICAL AUTHORIZATION

IN THE EVENT THAT MY CHILD REQUIRES MEDICAL ATTENTION, I GIVE PERMISSION TO THE FIRST AID STAFF AT THE HERSHEY PARK ENTERTAINMENT COMPLEX TO TREAT ILLNESSES OR INJURIES THAT REQUIRE BASIC FIRST AID. IN THE EVENT THAT MY CHILD REQUIRES HOSPITAL TREATMENT, I WILL BE CONTACTED FOR PERMISSION TO TREAT.

PHYSICIAN'S NAME: _____

TELEPHONE NUMBER: _____

PLEASE NOTE: THE PHYSICIAN LISTED ABOVE WILL BE CONTACTED BY THE TREATING MEDICAL PERSONNEL ONLY IF ADDITIONAL MEDICAL INFORMATION IS REQUIRED.

Name of Parent or Legal Guardian (Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE