



Group Sales Department
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Yoga with the Elephants
Informed Consent Form & Liability Waiver

Name:
Street Address:
City: State: Zip:
Phone: Email: Date of Birth:

- 1. Purpose and Explanation of Event
2. Attendant Risk & Discomforts
3. Responsibilities of the Participant
4. Inquiries
5. Use of Medical Records and Information
6. Freedom of Consent
7. Photography Consent

I acknowledge that I have read this form in its entirety (or that it has been read to me), and that I understand my responsibility in the event in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in this event. If I am accidentally injured this event, on-site staff will do their best to offer basic and immediate first aid (when possible) but will be unable to provide treatment. If injured, I will be responsible to seek treatment with my own physician or primary care provider. Furthermore, I for myself, and my heirs, fully release from liability and waive all legal claims against Roger Williams Park Zoo/Rhode Island Zoological Society, the instructor, the instructor's affiliated organization(s)/business(es), and the city of Providence, Rhode Island for injury and damage that I might incur during participation of this event.

Participant name Class date
Participant signature Guardian signature (required if participant is age 18)

Please email the completed waiver to GSales@rwpzoo.org at least 7 days prior to the class. It is required to attend/participate.