NATIONAL ZOO AND AQUARIUM **School Visit**



Voar Group

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Dear Parent/Guardian,

Your child has been chosen to interactively participate during their school visit to Canberra's National Zoo & Aquarium. This participation could involve stroking or holding a non-venomous snake, or handfeeding (through mesh) a large mammal such as a tiger or giraffe. These activities have been carried out at the National Zoo & Aquarium without incident since its inception. For your child to participate we need you to sign the following indemnity form and return it to your son/daughter's teacher before they visit the NZA.

Thank you

Jane Bardwell

Students Name

Manager - Education Public Programmes

School	Year Group
Date of visit:	_
 Realising that every care will be exercised Aquarium and its staff against all actions, suits personal injury or damage to, or loss of, personal 	, claims and demands (including costs) fo

2. In the case of accident or emergency, I give my permission for National Zoo & Aquarium staff to seek medical treatment by a medical practitioner, hospital or ambulance service. I agree to bear any costs thereby incurred.

child's attendance at the Zoo.

The information I have provided on this form is true and correct.

Parent/Guardian Name	 	
Parent/Guardian Signature	 	

Dear Parent/Guardian,

Your child has been chosen to interactively participate during their school visit to Canberra's National Zoo & Aquarium. This participation could involve stroking or holding a non-venomous snake, or handfeeding (through mesh) a large mammal such as a tiger or giraffe. These activities have been carried out at the National Zoo & Aquarium without incident since its inception. For your child to participate we need you to sign the following indemnity form and return it to your son/daughter's teacher before they visit the NZA.

Thank you

Jane Bardwell

Manager - Education Public Programmes

Students Name	
School	Year Group
Date of visit:	

- 1. Realising that every care will be exercised, I hereby indemnify The National Zoo & Aquarium and its staff against all actions, suits, claims and demands (including costs) for personal injury or damage to, or loss of, personal property incurred as a result of my child's attendance at the Zoo.
- 2. In the case of accident or emergency, I give my permission for National Zoo & Aquarium staff to seek medical treatment by a medical practitioner, hospital or ambulance service. I agree to bear any costs thereby incurred.

The information I have provided on this form is true and correct.

Parent/Guardian Name
Parent/Guardian Signature