

**Manitowoc Parks and Recreation Division  
Zoo Education Off-Site Program Request**

Individuals/Groups/Organizations requesting consideration for use of the Education Building must fill out this form completely, at least 30 days in advance of the event.

Fees: \$50.00 – Off site – ½ hour Educational program. *Location must be within Manitowoc County.*

Name of Individual/Group or Organization \_\_\_\_\_

Name of Person Responsible \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Time \_\_\_\_\_

Area Requested \_\_\_\_\_

Number of expected participants \_\_\_\_\_

Equipment Requested \_\_\_\_\_

State Purpose of the Request \_\_\_\_\_

Group Status:

Service Group \_\_\_\_\_ Club or Organization \_\_\_\_\_

Government \_\_\_\_\_ Other: \_\_\_\_\_

Will money be collected for your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes – Please explain what revenue will be used for \_\_\_\_\_

For Tour Request: Age of Audience \_\_\_\_\_

Tour or Program Content Looking for \_\_\_\_\_

Provisions: In consideration for receiving a zoo educational program at the above-listed date and time at the above-listed premise, I, the undersigned, who has the authority to sign on behalf of my organization, in full recognition and appreciation of any dangers and hazards inherent in the activities to which participants will be exposed as a participant in this program, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding participation, and further, I hereby agree the above-listed organization will defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliated, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of the Zoo Educational Tour at my organization, including but not limited to damage to personal property, personal injury, or death which may result. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation shall be my sole responsibility and will not be borne by the City.

I, the undersigned, agree and intent that this Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

**I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title