



STRIDES FOR SNOW LEOPARDS

Lee Richardson Zoo -Sunday, June 4th at 5 pm

\$25 if registered before June 4th, \$35 if registering day of

Date of Registration: _____ Gender: _____

Name: _____ Age: _____

Address: _____

Phone: _____

E-mail: _____

Participant Signature: _____

Parent/Guardian Signature if Minor: _____

(Please fill out the attached Authorization & Release)

T-Shirt Size:

Youth: SM ___ M ___ L ___ Adult: SM ___ M ___ L ___ XL ___ XXL ___

Payment Information:

Registrations with cash, card, or check payment are accepted in person at the Zoo Office's located in the Finnup Center for Conservation Education at 312 E Funnup Dr. The building is open weekdays from 8 am to 5 pm with an hour closure at noon.

Unable to Pay in Person? Submit your form via email to zoo.education@gardencityks.us or fax 620-276-1259 with card information filled out below. Payment will run through the City of Garden City.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Other	PAYMENT AMOUNT: \$ _____
Cardholder Name (As Shown on Card): _____	
Card Number: _____	EXP. _____ CW _____
Cardholder Billing Zip Code: _____	



AUTHORIZATION AND RELEASE

Your child will be participating in the Lee Richardson Zoo Fun Walk. Before your child participates, you must first read and sign this Authorization and Release form.

Child's Name: _____

The undersigned parent or legal guardian of the above-named child (Child), hereby agrees to assume all risks and responsibility for property damage or personal injuries sustained by the Child while participating in the Lee Richardson Zoo Fun Walk (LRZFW) offered by the City of Garden City, Kansas (City). I further agree to release the City and all of its agents, employees, and official from any and all liability for claims which might arise as a result of personal injury or property damage occasioned by the Child while the Child is participating in the LRZFW. I acknowledge that by signing this Authorization and Release, I do not waive any right or cause of action which might arise against third parties not specifically named herein. Additionally, I authorize the City to provide for emergency medical care and treatment should the Child be injured while at the LRZFW.

This document also gives the Lee Richardson Zoo the right to photograph my child and use his/her image as they see fit in promoting the Zoo and future LRZ opportunities.

Initial: _____

Finally, this document acknowledges that no refunds will be provided for participantss who are unable to attend LRZ Fun Walk.

Initial: _____

By my signature on this document, I acknowledge that I have read this Authorization and Release, and I fully understand its purpose and extent.

Date	Parent/Legal Guardian Signature	Print Name
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