Welcome!

Thank you for registering for this Raptor EdVenture with the Minnesota Zoo! We are so excited to have you join us for this great adventure on Saturday, September 17, 2016.

Please plan to arrive at the zoo by 8:00 a.m. that day. You can park in the Camel Lot, and will meet your trip leader at the Education Event Center (EEC.) (Directions are included at the end of this letter.) You will return to the Zoo between 8 and 9 pm the same day.

At this time you should be receiving the liability waiver and health information form. Please fill these out and return to Liz Dengate, Minnesota Zoo, 13000 Zoo Blvd, Apple Valley, MN 55124, no later than September 2nd. You can mail them, or scan them and email them to liz.e.dengate@state.mn.us.

A packing list and a tentative itinerary are also attached. Please remember that some slight changes might occur to the itinerary, and that exact activities and the kinds of birds we see are partially dependent on the day’s weather!

Please feel free to contact us if you have any questions,
Sincerely,

Liz Dengate
Education Program Coordinator
liz.dengate@state.mn.us
952-431-9363

CANCELLATION AND REFUND POLICY
If you need to cancel your registration for this program, please notify the Education Department at 952.431.9390 no later than August 26 for a refund of 50% of the program fee. No refunds will be made after that date unless the trip is cancelled by the program coordinator. If you cannot attend the program, you may find your own replacement, but please notify us if you have any changes.
Meeting Location: Education Event Center (EEC) Directions

Driving Directions in Red
- Take McAndrews to Zoo Boulevard and go North on Zoo Boulevard.
- At the “T” take a left (the sign here will say Zoo entrance with an arrow pointing to the left).
- Follow the road as it curves around the parking lots. Take right into the Camel Lot at the 5th parking lot entrance. Park here.

Walking Directions in Blue
- Walk from the corner of the lot and go Northwest toward the service road and under the monorail track. This will feel like you are walking behind the scenes.
- You will see the Education Event Center building with its glass windows and brown doors. Please enter through these doors.
- Total distance from the parking lot to the Education Event Center is a couple hundred feet.

If you have any questions, please call the Education Office at 952.431.9390.
Hawk Ridge Travel EdVenture | Tentative Itinerary & Packing List

September 17, 2016

Itinerary:

8:00 a.m. Meet at the Minnesota Zoo
- Introductions
- Coffee, juice, and pastries provided

8:20 a.m. Meet Bird Show Staff
- View a special raptor training session

9:00 a.m. Pack-up Van

9:15 a.m. Depart Towards Duluth
- 180 mile trip
- Eat lunches in the van on the drive up

12:15 p.m. Meet Frank Taylor for Bird Banding

2:30 p.m. Head back south towards Duluth to Hawk Ridge

3:00 p.m. Arrive at Hawk Ridge Festival
- Free time to explore
- Naturalists for the festival are on hand to help locate and identify migrating raptors
- Hawk watching, interpretive programs, live bird demonstrations, merchandise, and refreshments for sale

4:00 p.m. Meet to Start Drive Back
- Remember to bring money for our dinner stop on the way home!

8:00 p.m. Arrive at Zoo

Over the course of the day, we'll learn more about:
- Raptor identification
- Raptor ecology and behavior
- Bird banding purpose and practice

Packing List:

Don’t forget to bring…
- A packed lunch for the drive up! (We’ll supply some extra snacks for the day as well)
- Money for dinner Sunday evening
- A pair of binoculars
- A camera
- Comfortable walking shoes
- Sunscreen
- A rain coat
- An extra layer in case it gets chilly
- Entertainment for the car ride
Health & Medical History

Please answer the following questions thoughtfully and provide thorough information to ensure the health and safety of the participant on the Minnesota Zoo field study.

Check (✔) each of the following that applies to the student today or that has applied to the student in the past.

- Nosebleeds?
- Bee stings?
- Contact lenses?
- Migraine headaches?
- Menstrual problems?
- Motion sickness?
- Chronic sinus problems?
- Sensitivity to heat?
- Special diet/dietary restrictions? Explain ________________________________
- Drug allergies? Which drug? ___________________________What was the reaction? ___________________________
- Food allergies? What foods? ___________________________What was the reaction? ___________________________
- Environmental allergies? What substances? ________________________________
- Has the student ever been prescribed an inhaler? ___________________________
- Has the student ever been prescribed an epi pen? What allergy? ___________________________
- Has a physician ever told the participant not to participate in strenuous activities? Explain ________________________________

Please list prescription medications to be taken during the field study

☐ CHECK HERE IF NONE OF THE ABOVE CONDITIONS APPLY

A positive response to any of the following questions will require you to seek the advice of your physician and supply the Minnesota Zoo with your physician’s impressions of the participant’s suitability to participate in the field study.

Respond to each of the following with a YES (Y) or NO (N). You must respond to each item.

- Epilepsy, seizures, convulsions?
- Back pain or injury?
- Diabetes?
- Fainting spells?
- Lost consciousness
- Heart condition
- Ulcers
- Behavioral health problems
- Eating disorder
- Depression
- Asthma
- Wheezing with exercise
- Surgery within the past year? Explain ________________________________
- Any other chronic medical condition? Explain ________________________________
- Any acute medical condition? Explain ________________________________
- Date of last physical exam with a doctor? ________________________________

INTERNATIONAL TRAVEL ONLY: Not all of these are required for travel outside of the U.S. Please check Center of Disease Control http://wwwnc.cdc.gov/travel/ for up-to-date recommendations for your destination.

- Routine Immunizations
- Hepatitis B
- Yellow Fever
- Hepatitis A
- Typhoid
- Rabies
- Meningococcal
- Other ________________________________

TO THE PHYSICIAN:(complete if any of the items above have been checked)

☐ I find no medical condition that I consider incompatible with the field study.

☐ I recommend this student for participation with the following restrictions: ________________________________

☐ I am unable to recommend this student for participation in the field study.

Physician Signature: ___________________________Physician print name: ___________________________Date: ________________

Contact person at clinic, if Zoo personnel has questions: ________________________________

Clinic Name: ___________________________Clinic address: ___________________________

Clinic phone: ___________________________Fax: ___________________________

Parent signature allowing clinic personnel permission to talk to Zoo personnel regarding participation in this field study: ___________________________Date: ________________
VOLUNTARY RELEASE
ASSUMPTION OF RISK AND WAIVER AGREEMENT

In exchange for the permission granted to me by the Minnesota Zoological Gardens to participate in the program (“Program”), I agree as follows:

1. I understand that my participation in the Program carries with it a risk of serious bodily injury, death or personal property damage or loss. This risk may arise, not only from my own acts, omissions or negligence but from acts, omissions or negligence of others, from the terrain and condition of the premises of the Program, or from the condition, adequacy or appropriateness of any equipment used in the Program. I understand that I will be exposed to a range of dangers and risks, including, but not limited to hazards associated with walking near exhibit ledges, walking on wet and slippery surfaces, or sometimes unpredictable contact with Zoo animals. Further, I understand that there may be other risks associated with the Program that I am not now aware of and that cannot be reasonably foreseen. I understand that, if necessary, myself or my child will be transported to the Fairview Ridges Hospital by a local emergency unit for treatment (transportation will be at the expense of the parent). Transportation to an HMO facility other than Fairview Ridges Hospital will be considered in emergencies only when the patient's condition permits.

2. I expressly and voluntarily assume all risk of injury, death and property damage or loss that may result from my participation in the Program.

3. On behalf of myself, my personal representatives, heirs, next of kin and anyone who obtains any rights from me, I hereby waive, release, and discharge the State of Minnesota and the Minnesota Zoological Gardens, its officers, directors, trustees, agent, and employees and all other persons and firms involved in any way with the Program (the “Released Parties”) from liability for bodily injury, death, property damage or loss related in any way to my participation in the Program, including any losses caused by the negligence or strict liability of the Released Parties. I am not releasing the Released Parties from liability for any willful or intentional acts.

4. I understand that I am giving up all my claims, which may exist now or may arise in the future against the Released Parties. I also understand that I am accepting all responsibility for all costs and damages that I might incur or that might be incurred on my behalf in the event of any injury or accident.

5. Even though I may be an employee, volunteer or agent of the Minnesota Zoological Gardens, no oral representations or inducements have been made to me to sign this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full force and effect.

- I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.
- I UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN PARTICIPATION IN THE PROGRAM.
- I VOLUNTARILY SIGN MY NAME, AND THEREBY STATE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature ___________________ Date ___________________ Name (Please Print) ___________________

IF THE PARTICIPANT IS A MINOR, HIS OR HER PARENT OR GUARDIAN MUST SIGN.

I am the parent or guardian of the participant. I am signing this Release and Waiver on my own behalf and on behalf of the participant and his or her heirs and assigns.

In my opinion, my child is physically and emotionally able to fully participate in the program at the Zoo. I recognize and acknowledge that participation may involve the risk of accident, personal injury and/or property damage. I consent to my child’s participation and assume all these risks. Participating in any activity is an acceptance of some risk of injury that my child is primarily dependent on his/her taking proper care of him/herself.
Accordingly, in consideration of Minnesota Zoo’s allowing my child to participate, I hereby release the Minnesota Zoo, its officers, directors, employees, agents and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to participation in the program at the Zoo.

I further understand and attest that the group leader has all necessary medical information. In the event of an emergency, if I cannot be reached, I give permission to the physician, selected by the Minnesota Zoo staff, to secure treatment for my child.

I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND ITS CONTENTS, AND HEREBY ACCEPT ITS PROVISIONS.

____________________________  _____________________   ____________________________  
Parent or Guardian Signature  Date    Name (Please Print)