Toledo Zoo Overnight Opportunities for 2024

Please read the enclosed information carefully for the answers to many of your overnight questions. **If you are the person who is registering a group, please distribute this packet to all parents/guardians of those participating.** For questions or information not covered, you may contact the following staff by phone or email:

**Registration & Payment** – Lisa Runyan, lisa.runyan@toledozoo.org
419-385-5721, ext. 2042

**Special Considerations & Content** – Sarah Orr, sarah.orr@toledozoo.org
419-385-5721 ext. 2089

**Mail Deposits** – Overnight Programs
Make checks out to: Toledo Zoo
P.O. Box 140130
Toledo, OH 43614-0130

To pre-order online, select your Overnight date. T-shirts are also available for purchase the night of the Overnight.

**After Hours Emergency Numbers** – Zoo Security: 419-304-6751

**When?**
Overnights take place on weekdays and weekends from January into November. Most overnights run from 7:00pm until 10:00am. Participants are able to enjoy the Zoo the following day, as admission is included in the cost of the overnight.

**Who is able to attend?**
Children attending overnight programs must be at least five years of age or in Kindergarten. The Zoo requires one adult per ten children, but many groups bring as many as one adult per child.

**How many participants can we accommodate?**
Most sleeping locations can accommodate up to 50 participants; maximum numbers can vary per package. Groups may take all available spots or a portion of the spots available. Payment for at least 15 individuals is required for a program to take place. **If your group is under the maximum capacity, you will be combined with other small groups.** Similar groups will be booked together, based on the first group that books.

**All overnights have the potential of being mixed gender groups.** Please expect that sleeping locations and programming have mixed gender groups unless arrangements are made at the time of reservation. **If your group needs specific arrangements, contact us via email or phone.**
OVERNIGHT PACKAGES

Packages include: the program fee, admission to the Zoo the following day, continental breakfast, overnight souvenir cup, and an overnight patch. Note: Pizza is no longer included in the cost, but can be added.

Safari Overnights run from May to early September; the sleeping location is our outdoor, covered Hippoquarium. Aquarium and Arctic Overnights have limited dates throughout the Overnight calendar.

<table>
<thead>
<tr>
<th></th>
<th>Nature’s Neighborhood</th>
<th>Arctic</th>
<th>Safari Overnight</th>
<th>Aquarium Overnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit</td>
<td>$10/person</td>
<td>$10/person</td>
<td>$10/person</td>
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<tr>
<td>Final balance</td>
<td>$50/person</td>
<td>$50/person</td>
<td>$50/person</td>
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<tr>
<td>Total</td>
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<td>$60/person</td>
<td>$65/person</td>
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*NEW* Optional Pizza Dinner

Pizza is no longer included in the price of the overnight, but can be added to your experience. If your group is interested in having pizza and lemonade, it is an additional $2/person (2 slices per person). There will be pepperoni and cheese pizza only. Pizza must be requested and paid for when making the final balance payment (one month before the overnight). If you add-on pizza, you will arrive at the zoo at 6:30pm. You will leave your belongings in your vehicles and meet your guide to enjoy pizza in the education building at the main entrance of the zoo. The pizza dinner is non-refundable.

SLEEPING LOCATION CAPACITY

<table>
<thead>
<tr>
<th></th>
<th>Nature’s Neighborhood</th>
<th>Arctic</th>
<th>Hippoquarium (Safari)</th>
<th>Aquarium</th>
</tr>
</thead>
<tbody>
<tr>
<td>One group</td>
<td>50</td>
<td>40</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Multiple groups</td>
<td>45</td>
<td>35</td>
<td>35</td>
<td>85</td>
</tr>
</tbody>
</table>

BADGE OPPORTUNITIES

The overnight experiences cover a variety of requirements needed to complete/earn a scout badge. Below is a list of requirements completed by participating in an overnight experience at the Toledo Zoo.

Daisies- Eco Learner
Brownies- Eco Friend
Juniors- Habitats
Cadettes- Night Owl

Lions- Rumble in the Jungle
Tigers- My Tiger Jungle (req. 1 & 2), Tigers in the Wild (req. 2 & 7)
Bears- Critter Care (req. 3), Bear Necessities (req. 1)
REGISTRATION, PAYMENT AND CANCELLATION INFORMATION

Please read carefully; we do not refund for cancellations.

To select a program date and register, or make a payment, call 419-385-5721 ext. 2042 or 2089.

- Programs are reserved on a first come, first served basis. To secure a date, a $10.00 per person reservation fee must be received by the Toledo Zoo within two weeks of booking. If we do not receive the reservation fee within that time, the date will be opened back up. You may use a credit card or mail a check. Upon receipt of your reservation fee, you will receive an email receipt confirming your date.
- Your final balance is due one month prior to your overnight date.
- Adding participants to your overnight is subject to capacity of the venue.

Reservation fees are non-refundable:

- If individuals within your group cancel after you have registered, you are asked to fill the reserved spaces with substitutes. The Zoo does not issue refunds for participant cancellations. If you cancel your event after you register, up until two months prior to your program, all funds excluding your reservation fee will be refunded.
- If you fail to cancel and we do not receive final payment one month prior to scheduled date, you will be invoiced for 50% of the balance for the total number registered.
- If you fail to cancel two weeks prior to your overnight date, you will be invoiced for 100% of the balance for the total number registered.
- The Zoo must approve any additional participants, and payment for add-ons must be made before the night of the event. When you determine the number of participants you are registering, we recommend that you collect a $10.00 non-refundable reservation fee from each person who plans to come. Please be sure that every person registering understands that this fee will not be returned if they cancel. This policy also applies to troop monies used for reservations as well.
- If you are registering a group, a definite number count and payment from committed participants will protect your group from the unnecessary loss of funds or a cancellation of an overnight due to insufficient registration.

THE ZOO MAY CANCEL THE OVERNIGHT AT ANY TIME DUE TO THE RECOMMENDATIONS OF LOCAL OR STATE HEALTH DEPARTMENTS OR ANY EMERGENCY. IF THE ZOO CANCELS, YOU WILL BE ELIGIBLE FOR A FULL REFUND.

Please make sure that all group members are aware and sign off on all rules and precautions before the night of the overnight. Bring signed forms to check in.
THE NIGHT OF YOUR OVERNIGHT:

For all overnights - Please arrive at the Anthony Wayne Trail parking lot located at:

2 Hippo Way
Toledo, Ohio 43609

- Meet just inside the archway in the entry plaza **by 7:00pm** (6:30pm if your group chooses to have pizza)
- We suggest arriving at least 10-15 minutes before to ensure a prompt start time
- Zoo Security Number: 419-304-6751

PACKING LIST FOR ALL OVERNIGHTS

- Sleeping gear
  - Pillow
  - Sleeping bag
  - Optional: Air mattress/Cot- The zoo does not provide sleeping mats or air mattresses
- Toiletries
  - Toothbrush/Toothpaste
  - Towel to wash your face as most bathrooms have air dryers
- Weather appropriate clothing
  - Coat/Gloves/Hat
  - Poncho/Umbrella
- Closed-toe walking shoes
- Sleepwear
- Reusable water bottle
- Adult Chaperones:
  - Camera
  - Travel coffee mug for breakfast
  - Paperwork needed
  - Any medications needed for your group
- Optional: Wagons to transport your supplies as we travel from the North side of the Zoo to South side of the Zoo

EXAMPLE ITINERARY

**Evening**
- Group arrives and meets with their guide at 7 pm
- Games
- Exclusive keeper experience at an exhibit
- Live animal demonstration
- Make enrichment
- Take a night hike and experience the Zoo after dark
- Bed down around 10:30pm

**Morning**
- Wake up call at 7:00am
- Continental breakfast (cereal, granola bars, fruit cups, yogurt, muffins, juice/coffee)
- Watch as a Zoo animal interacts with enrichment items
- Exhibit visits and activities until the program ends at 10:00am
- Come back into the Zoo after the overnight concludes and enjoy free admission for entire day

**Do not bring:** Electronic games, food or drink (unless there is an allergy or medical need). Please call if arrangements need to be made.

The Toledo Zoo and its personnel are not responsible for lost or stolen items.
1. **Where will we sleep?** Sleep areas for overnights will be in the indoor Nature’s Neighborhood, the Arctic, Aquarium, Museum, or a classroom space. Sleep areas for the Safari Overnights will be in our covered Hippoquarium. All sleeping areas may be on hard ground such as wood or concrete. You may bring air mattresses or cots. All sleeping locations are close to animal exhibits. You could experience animal sounds, smells, and an increased presence of flies or insects throughout the night.

2. **What food is provided?** We provide a snack during the evening portion of the program as well as a cold, continental breakfast in the morning. Pizza is available for an additional charge ($2/person) and earlier start time. Pizza must be requested and paid for when making the final balance payment.

3. **Are there electrical outlets in our sleeping location?** Yes, there are outlets available in all of the sleeping locations. In addition, we have power strips and extension cords for Safari Overnights.

4. **My child has some special health circumstances, should I allow him/her to go?** Please send detailed information on his/her health form and be sure the group leader is aware of and able to address your child’s needs. If your child needs to take medicine, you will need to plan for a leader or other adult chaperone to administer his/her meds. The overnight guides are not permitted to administer any medications. If your child has allergies, you may send along special foods. Please inform us before your program and also let the staff know the day of the program what allergies we need to be aware of. Please ask for a list of ingredients for all foods being served throughout the program.

5. **Are overnights ever cancelled due to weather?** Unless the weather is considered to be dangerous and the Zoo has closed, your overnight will run. If a Level 3 snow emergency or similar emergency travel restriction is in effect for the Zoo (Lucas County, Ohio), we will contact you and arrange an alternate date or refund all of your money. If Lucas County does not have a snow emergency but you have a travel restriction in your county or counties you have to travel through other than Lucas County, we will first try to reschedule. In this case it is the responsibility of the group leader or a designated contact person to notify the Zoo as soon as he/she is aware of such conditions. Refer to the emergency numbers for notification, especially after regular Zoo hours.

6. **What happens if we get lost or stuck in traffic and are late?** Please plan generously with your time in case of traffic back-ups or emergency stops. If, despite this precaution, you realize you will be later than the meeting time, contact the Overnight Guides via Security phone number.

7. **How will we get our things from the car to the sleeping area?** You will be carrying it, so pack light! There may be fair amount of walking, please plan accordingly. You are more than welcome to bring wagons as the Zoo does not provide wagons.

8. **Are there wheelchairs available?** Participants who normally use wheelchairs should bring them along. If a person has a short-term mobility issue due to injury or illness, contact us to reserve the use of a wheelchair or electric scooter. There is a $25 rental fee for an electric scooter which must be arranged 24 hours prior to your event.
TOLEDO ZOOLOGICAL SOCIETY LEGAL RELEASE OF RESPONSIBILITY

Dear Parent(s) /Guardian(s): The Toledo Zoological Society is pleased to have you and/or your son/daughter as a participant in its overnight program. Participants in this program are given the opportunity to spend the night on Zoo grounds participating in a variety of cultural and educational activities. To ensure that all of the participants in the overnight program have a safe, enjoyable and enriching experience, the Zoo has adopted a set of specific rules that must be followed during the course of the overnight program by all program participants. A copy of these rules and regulations is included on the back of this form. As a condition of you/your child’s participation in the overnight program, the Zoo requires you to review these rules with your child to make certain that he or she understands each of the rules and agrees to abide by them while on Zoo premises.

While the Zoo is pleased to have your child as a participant in the overnight program and to provide instruction and supervision to your child during the course of the program, the Zoo will not accept financial responsibility for accidents or injuries that occur as a result of your child’s participation in the voluntary Zoo program. Accordingly, as an additional condition precedent to your child’s participation in the overnight program, the Zoo requests the completion of this release for the purpose of absolving the Zoo for liability for injury or damage that may result during the course of the overnight program.

FOR MINOR: In consideration of ________________________________’s (Child’s Name) a minor, participation in the overnight program, the undersigned, the parent(s) and/or guardian(s) of the Minor, hereby release The Toledo Zoological Society, its Board of Trustees, officers, and employees from any and all liability arising out of or resulting from the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned further agree that they, their heirs and legal representatives will not, on behalf of the undersigned of the Minor make a claim against or sue The Toledo Zoological Society, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned have carefully read this agreement and fully understand its contents. The undersigned are fully aware that this is a release of liability between the undersigned and The Toledo Zoological Society.

If the minor has two parents or guardians, both MUST sign this form.

Parent/Guardian Signature____________________________________ Date__________________

Parent/Guardian Signature____________________________________ Date__________________

FOR ADULT: In consideration of ________________________________’s (your name) participation in the overnight program, the undersigned hereby release The Toledo Zoological Society, its Board of Trustees, officers, and employees from any and all liability arising out of or resulting from the negligence or other acts, howsoever caused, of any party occurring while the Minor is on Zoo premises.

The undersigned further agree that they, their heirs and legal representatives will not make a claim against or sue The Toledo Zoological Society, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring while on Zoo premises.

The undersigned have carefully read this agreement and fully understand its contents. The undersigned are fully aware that this is a release of liability between the undersigned and The Toledo Zoological Society.

Signature____________________________________ Date__________________
RULES AND REGULATIONS FOR OVERNIGHT PROGRAMS

Please review rules with your child prior to the date of their overnight and sign below.

· Participants may not enter the Zoo grounds until their Overnight Guides arrive at the Anthony Wayne Trail entrance to escort them. It is necessary to wait for your guides, even if the Zoo is open for another event.

· All participants must respect the rules explained to them by their Guides at the beginning of the program.

· Parents and chaperones are responsible for the supervision and the behavior of all members of their group. Please make sure no participants are disturbing others or scheduled activities.

· Participants must stay with their assigned chaperones and Guides at all times.

· Participants must respect the physical and other well-being of fellow visitors, Toledo Zoo employees, Toledo Zoo animals and property. If a participant violates this rule, they will be escorted off Zoo grounds by Zoo Security and will not be refunded their money.

· No TVs, CD or tape players, radios, laser pointers, or handheld electronic games are permitted.

· No alcoholic beverages are allowed.

· The Toledo Zoo is a smoke-free facility.

· Running, horseplay, and excessively loud noises are prohibited.

· If behavior is unacceptable, a verbal warning will be given.

· If unacceptable behavior continues, the participant(s) may be escorted off Zoo grounds by Zoo Security at the discretion of the Overnight Guides and Education staff. The parent(s) or guardian(s) will be responsible for picking up their child promptly upon dismissal.

· Participation in all Overnight activities by adults and minors is required.

· All Overnights have the potential of being mixed gender groups. When possible, an alternate sleeping location can be provided by request.

· Sleep areas for Overnights will be in the indoor Nature’s Neighborhood exhibit space or a classroom space. Sleeping areas may be on hard ground such as wood or concrete. You may bring air mattresses or cots. All sleeping locations are close to animal exhibits. You could experience animal sounds, smells, and an increased presence of flies or insects throughout the night.

I understand these rules and have reviewed them. If I am a parent/guardian of a minor attending an overnight, I have reviewed these rules with my child:

Signature_______________________________________   Date _____________
AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR

I (We), the undersigned, parent(s)/Guardian(s) of ____________________________, a minor (the “Minor”), hereby authorize The Toledo Zoological society (the “Zoo”), its authorized agents and employee(s) as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or dental care or treatment which is deemed necessary or advisable by, and is to be rendered under the general or special supervision of, any licensed physician, surgeon or dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the appointed agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, surgeon or dentist in the exercise of his or her best judgment may deem necessary or advisable.

The undersigned also consent to the administration of any and all necessary or advisable first aid by authorized agent(s) and employees of the Zoo in the event the Minor becomes ill or injured on the premises of the Zoo or while participating in programs sponsored by the Zoo.

The undersigned further agree that they, their heirs and legal representatives will not, whether on their own behalf or for the Minor, make a claim against or sue the Zoo, its Board of Trustees, officers and employees for any injury or damage resulting from or arising out of the negligence or other acts, howsoever caused, of any party occurring in connection with the provision of medical treatment and/or first aid to the Minor.

The foregoing authorizations for medical treatment and first aid shall remain effective until _________________, 20___, unless sooner revoked in writing delivered to the Zoo.

If the minor has two parents/guardians, both MUST sign this form.

______________________________       ______________________________
Signature of Parent/Legal Guardian       Signature of Parent/Legal Guardian

______________________________       ______________________________
Print Name of Parent/Legal Guardian       Print Name of Parent/Legal Guardian

______________________________       ______________________________
Address                                Address

______________________________       ______________________________
Contact Phone Number(s)                Contact Phone Number(s)
MEDICAL INQUIRY SHEET

Child’s Name: __________________________________________ Date____________________
Address: ______________________________________________ Birth Date: _______________
Phone Number: ______________________________ Height: __________ Weight: ____________
Medical History: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Allergies (i.e. food, insect, animal, plant etc.):_________________________________________
______________________________________________________________________________
______________________________________________________________________________
Other medical conditions present that we should be aware of: ___________________________
______________________________________________________________________________
______________________________________________________________________________
List any special medical needs necessary: ____________________________________________
______________________________________________________________________________
List any MEDICATIONS taken on a regular basis and how often the medication should be taken:
Name: ______________________________________ How Often: _________________________
Name: ______________________________________ How Often: _________________________
Name: ______________________________________ How Often: _________________________
Immunization Record: (Not required but please list if you had test)
Date of last Tetanus Vac.: ___________ Date of last TB Test: _______________
Name of Family Doctor: _______________________________ Phone: ____________________
Hospital Preference: ____________________________________________________________

Whom to Notify in Case of an Emergency: __________________________________________
   Relationship: _______________________ Phone: _________________________
Whom to Notify in Case of an Emergency: __________________________________________
   Relationship: _______________________ Phone: _________________________
CONSENT AND RELEASE FOR ZOO OVERNIGHT PROGRAMS

The Toledo Zoological Society ("Toledo Zoo") offers its visitors many enjoyable, recreational and educational experiences. To promote its facilities, attractions and offerings, the Toledo Zoo often uses pictures, videos and other recordings. Images or recordings of you or your child or guardian may be used to promote the Toledo Zoo.

Please review of the following and return with your registration forms

I GRANT PERMISSION TO THE TOLEDO ZOO TO TAKE, PUBLISH OR USE MY NAME OR ANY PICTURE, RECORDING OR COPY OF MY IMAGE, LIKENESS OR VOICE. THIS INCLUDES PHOTOGRAPHS, VIDEOS, FILMS, TAPE RECORDINGS OR RECORDINGS OF ANY KIND ON ANY MEDIA. I ALSO GRANT THIS PERMISSION ON BEHALF OF MY CHILD OR MINOR IDENTIFIED BELOW.

I UNDERSTAND THAT THE TOLEDO ZOO RETAINS ALL EXCLUSIVE RIGHT, TITLE OR INTEREST IN ANY IMAGES OR RECORDINGS, INCLUDING ANY NEGATIVES OR COPIES. THE TOLEDO ZOO OWNS THE COPYRIGHT TO THESE IMAGES AND RECORDINGS AND MAY USE THEM FOR ANY PURPOSE. I UNDERSTAND THAT I HAVE NO RIGHT TO APPROVE ANY IMAGE OR RECORDING. I UNDERSTAND THAT THESE IMAGES OR RECORDINGS MAY BE EDITED OR ALTERED. I RELEASE THE TOLEDO ZOO FROM ANY AND ALL CLAIMS RELATING TO THE USE OF ANY IMAGE OR RECORDING FOR ANY REASON INCLUDING BLURRING, DISTORTION, ALTERATION OR OPTICAL ILLUSION OF ANY KIND. THIS RELEASE IS MADE ON MY BEHALF AND ON BEHALF OF MY HEIRS AND ASSIGNS AND FOR THE BENEFIT OF THE LICENSEES AND ASSIGNS OF THE TOLEDO ZOO.

Your name (please print): __________________________________________________________

Your signature: ________________________________________________________________

Minor’s name: _________________________________________________________________

Address: ______________________________________________________________________

City: ______________________ State: ________ Zip: _________________

Phone Number: ___________________________ Date: ______________________