



<b>Edu.</b>	<b>Memb.</b>
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## HOME FOR A BLUEBIRD WILD ENCOUNTER FORM

Wild Encounter	Date	Number Attending	Age of	Cost
<p><b>HOME FOR A BLUEBIRD</b></p> <p><i>Sunday, 3rd March, 10:00am-11:30am</i></p> <p><i>Sunday, 3rd March, 1:30pm-3:00pm</i></p> <p><i>Sunday, 10th March 10:00am-11:30am</i></p> <p><i>\$30 Members per box</i></p> <p><i>\$40 Non-members per box</i></p> <p>Enjoy a short presentation about Bermuda's Bluebirds, the largest colony outside of the United States, and discover why they need our help.</p> <p>Build your own Bluebird nesting box to take home to your garden.</p>	<p><input type="radio"/> Sunday, 3rd Mar am</p> <p><input type="radio"/> Sunday, 3rd Mar pm</p> <p><input type="radio"/> Sunday, 10th Mar am</p>			

**Name of Attendee(s)** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **BZS Membership #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**PLEASE DO NOT MAIL THIS FORM TO THE AQUARIUM. THE DELAY IN DELIVERY MAY RESULT IN NO SPACES BEING AVAILABLE FOR YOUR CHILD.**

NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED

**Please fax, email or hand deliver this form to the Bermuda Aquarium, Museum & Zoo (Fax 293-4800)**

For further information call 293-2727 Ext. 2134 or email senior.school@bzs.bm

**BZS ACCEPTS NO RESPONSIBILITY FOR ANY INJURY OR LOSS INCURRED AT ANY OF THESE ACTIVITIES.**

**Please note: An Encounter will be automatically cancelled if it has not reached the minimum number of six (6) bookings by the required booking date. There will be no refunds for cancellations unless the encounter is cancelled by the BZS. You will be notified by telephone or email of cancellations.**

**METHOD OF PAYMENT:**     Cash                       Credit Card                      **NO CHEQUES**

**IF PAYING BY DEBIT/CREDIT CARD, PLEASE COMPLETE THE FORM BELOW**

Card Holder's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Total Cost: \_\_\_\_\_ Debit/Credit Card:  Mastercard     Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ CVC: \_\_\_\_\_

BZS Membership #: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I, the undersigned, understand that any activity that I take part in through the Bermuda Zoological Society (BZS) is at my own risk.

I acknowledge that the BZS will be under no liability whatsoever to the undersigned. I waive all claims (including negligence claims) against and indemnify BZS for any injury or loss sustained (whether resulting from negligence or otherwise) as result of my taking part in any activity of the BZS.

I understand that certain activities such as swimming and snorkeling carry inherent risks and require a level of physical fitness. I hereby acknowledge that I am in adequate physical condition to safely participate.

I understand that this waiver and indemnity extends to all members of the BZS, and the executive committee, officers, employees or agents of the BZS and that the waiver is governed by Bermuda law and shall bind the successors and assigns of any person signing this waiver.

In the course of activities, representatives of the BZS, members, non-member participants and staff may take photographs or otherwise record events. These images and recordings are sometimes used to promote the BZS. By signing this waiver you agree to have your own image and voice used for promotional purposes by the BZS.

**WE KINDLY REQUEST THAT YOU COMPLETE THE BELOW INFORMATION.**

**Please list the demographics of your child below:**

Age:     0-4                       5-9                       10-14                       15-19

Gender:     Male                       Female

Race/Ethnicity:     Asian                       Black                       White

Mixed                       Self Identify                       Other \_\_\_\_\_

School Type:     Public School                       Private School

**For persons 18 and above:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**\*If participant is under 18, consent of Parent or Guardian is required.**

I agree and confirm the above on behalf of

\_\_\_\_\_  
Name of Volunteer / Student / Intern

Signature of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (parent / guardian) delete as applicable