



<b>Edu.</b>	<b>Memb.</b>

## WILD ENCOUNTERS: MIX AND MATCH CAMP

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

Choose one or choose all.

BZS Members: \$30 per half day session.

Non Members \$40 per half day session.

Supervision offered over lunch time if attending the whole day.

<b>WILD ENCOUNTER</b>	<b>Date</b>	<b>Number Attending</b>	<b>Ages</b>	<b>Cost</b>
<p><b>WINTER BIRDS</b> <i>Thursday, 20th December</i> <i>9am-12pm. Ages 6+</i> Many birds migrate to Bermuda for the winter. Take a cruise aboard <i>Callista</i> to see what birds are visiting the area and which ones are year round residents. Craft included.</p>	o Thurs, 20th Dec (am)			
<p><b>CHRISTMAS PIÑATAS FOR THE ANIMALS</b> <i>Thursday, 20th December</i> <i>1pm-4pm. Ages 6+</i> It is Christmas time! Come and prepare a small gift to give out to the animals. Wear a shirt that you don't mind getting dirty, as we make a Pinata in papier-mâché. We will then fill them in with a snack and set on a tour of the zoo to give them out.</p>	o Thurs, 20th Dec (pm)			
<p><b>POLAR BEAR SWIM ON TRUNK ISLAND</b> <i>Friday, 21st December</i> <i>9am-12pm. Ages 7+</i> Be a polar bear for the morning. We will travel to Trunk Island and enjoy a frosty dip in the ocean before warming up around a bonfire with a cup of hot chocolate. Polar bears aren't so lucky - how do arctic animals stay warm?</p>	o Fri, 21st Dec (am)			
<p><b>TRUNK ISLAND CHRISTMAS HUNT</b> <i>Friday, 21st December</i> <i>1pm-4pm. Ages 7+</i> We will spend the afternoon outside roaming around Trunk Island for a giant scavenger hunt with a Christmas flair. Puzzles, riddles, messages, craft, challenges. Come and defend the colors of your team!</p>	o Fri, 21st Dec (pm)			

Drop off on the front porch from 8.30 for the morning activities and from 12.30 for the afternoon activities. Supervision offered for all day children. Possibility of care between 4 and 5pm upon request for an extra donation.

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. 2133 or email [activities@bzs.bm](mailto:activities@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**

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

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

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

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

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

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

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

**For persons 18 and above:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

**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

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