

Edu.	Memb.

WILD ENCOUNTERS: CHRISTMAS MIX AND MATCH

Name	of	Atten	dee	(s)
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Choose one or choose all. BZS Members: \$30 per half day session. Supervision offered over lunch time if attending the whole day.

WILD ENCOUNTER	Date	Number Attending	Ages	Cost
BE AN AQUARIST FOR THE MORNING Thursday, 19th December 9am-12pm. Come help prepare food for the seals and the fish, and help feed the turtles and the fish behind the scenes, and up on top of the Northrock tank, while learning all what is involved to keep the aquarium running.	O Thurs, 19th Dec (am)			
CHRISTMAS PIÑATAS FOR THE ANIMALS Thursday, 19th December 1pm-4pm. 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.	o Thurs, 19th Dec (pm)			
ANIMAL SURVIVAL SKILLS Friday, 20th December 9am-12pm. What help would you need to survive the coldest weather you can imagine? You will learn about how animals adapt to cold weather being hibernation, migration or insulation. Seals, otter and alligator will help you understand.	o Fri, 20th Dec (am)			
TRUNK ISLAND CHRISTMAS HUNT Friday, 20th December 1pm-4pm. 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!	o Fri, 20th Dec (pm)			
WINTER BIRDS Monday, 23rd December 9am-12pm. Many birds migrate to Bermuda for the winter. Take a cruise aboard Callista to see what birds are visiting the area and which ones are year round residents. Craft included.	o Mon, 23rd Dec (am)			
POLAR BEAR SWIM ON TRUNK ISLAND Monday, 23rd December 1pm-4pm Be a polar bear for the afternoon. 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 artic animals stay warm?	o Mon, 23rd 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 Membersh	nip #:
Address:			
	E	:mail:	
Home Phone #:		Cell Phone #:	
PLEASE DO NOT MAIL THIS I	FORM TO TH	E AQUARIUM. THE DE	LAY IN DELIVERY MAY
RESULT IN NO S	SPACES BEING	G AVAILABLE FOR YOU	JR CHILD.
NO SPACE IS C	ONFIRMED UN	TIL PAYMENT HAS BEEN RE	CEIVED
Please fax, email or hand del	iver this forn	n to the Bermuda Aqu	arium, Museum & Zoo
	(Fax 2	93-4800)	
For further information	on call 293-272	27 Ext. 2133 or email activ	vities@bzs.bm
BZS ACCEPTS NO RESPONSIBI	ILITY FOR ANY INJU	JRY OR LOSS INCURRED AT ANY	OF THESE ACTIVITIES.
Please note: An Encounte minimum number of six (6) bo- for cancellations unless the tel	okings by the encounter is	required booking date.	There will be no refunds
METHOD OF PAYMENT:	O Cash	O Credit Card	NO CHEQUES
Card Holder's Name:			
Postal Address:			
Telephone (home):			
Total Cost:		Debit/Credit Card: C	

Card Holder's Signature: ______ BZS Membership #: _____

Card Number: _____

Expiry Date: _____ CVV: ____

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 i	is under 18, consent o	of Parent or Guardian is re	equired.		
WE KIND	DLY REQUEST THAT YOU	COMPLETE THE BELOW IN	FORMATION.		
Please list the	e demographics of yo	ur child below:			
Age: O 0-4	O 5-9	O 10-14	O 15-19		
Gender:	O Male O Fe	emale			
Race/Ethnicity	: O Asian	O Black	O White		
	O Mixed	O Self Identify	O Other		
School Type:	O Public School	O Private Sch	ool		
I agree and conf	firm the above on beh	alf of			
 Name of Voluntee	er / Student / Intern				
Signature of Par	ent or Guardian				
 Signature				 Date	
o.p.144416					
 Print Name (par	ent / guardian) delete	as applicable			