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NONSUCH ISLAND TOURS WILD ENCOUNTER FORM

Wild Encounter	Date	Number Attending	Ages	Cost
<p>NONSUCH ISLAND TOURS</p> <p><i>Wednesday, April 24th, 12pm - 5pm</i> <i>Friday, April 26th, 12pm - 5pm</i> <i>Wednesday, May 1st, 12pm - 5pm</i></p> <p><i>\$75 Members, \$85 Non-members</i></p> <p>Enjoy a journey aboard RV Endurance to the unparalleled island of Nonsuch. Tour the island to learn of its history and the restoration work that has created this incredible Nature Reserve. If conditions allow there may be an opportunity to see one of the rarest seabirds in the world - the Bermuda Cahow.</p>	<p><input type="radio"/> <i>Wed, April 24th</i></p> <p><input type="radio"/> <i>Fri, April 26th</i></p> <p><input type="radio"/> <i>Wed, May 1st</i></p>			

Name of Attendee(s) _____

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 email or hand deliver this form to the Bermuda Aquarium, Museum & Zoo
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: _____ CVC: _____

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.

WE KINDLY REQUEST THAT YOU COMPLETE THE BELOW INFORMATION.

Please list the demographics of your child below:				
Age:	<input type="radio"/> 0-4	<input type="radio"/> 5-9	<input type="radio"/> 10-14	<input type="radio"/> 15-19
Gender:	<input type="radio"/> Male	<input type="radio"/> Female		
Race/Ethnicity:	<input type="radio"/> Asian	<input type="radio"/> Black	<input type="radio"/> White	
	<input type="radio"/> Mixed	<input type="radio"/> Self Identify	<input type="radio"/> Other	_____
School Type:	<input type="radio"/> Public School	<input type="radio"/> 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