



Edu.	Memb.

SOUTH SHORE BEACH WALK WILD ENCOUNTER FORM

Name of Attendee(s) _____

Wild Encounter	Date	Number Attending	Cost	Age
<p>SOUTH SHORE BEACH WALK</p> <p><i>22nd February. 2:00pm—3:30pm</i></p> <p><i>Members: \$5 Non-Members: \$10</i></p> <p>Meeting Point: Jobson’s cove entrance to Warwick Long Bay.</p> <p>Join Lisa Greene on a walking tour of the South Shore beaches and dunes and learn about their unique flora, fauna and the islands coastal habitats.</p> <p>ADULTS ONLY</p> <p><i>Rain Date: 29th February.</i></p>	O Sat, 22nd Feb			

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 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

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.

