



<b>Edu.</b>	<b>Memb.</b>
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**VALENTINE OCEANOGRAPHER SLEEPOVER WILD ENCOUNTER FORM**

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

Wild Encounter	Date	Number Attending	Cost	Age
<p><b>BE MY VALENTINE: A LITTLE OCEANOGRAPHER SLEEPOVER</b></p> <p><i>6:30pm Saturday, 16th February— 9:00am Sunday, 17th February</i></p> <p><i>\$60 per person (members) \$80 per person (non-members)</i></p> <p>Calling all ocean lovers and budding scientists! Come and spend the night exploring some of the ocean's secrets through experiment and activities. Parents, take a chance to go out for a late Valentines date! We will choose an ocean related documentary for our movie and go to sleep in front of the Northrock tank here at BAMZ! Ages: 7 and up Dinner not included. Popcorn, snacks, juice and a light breakfast will be served</p>	<p>○ Sat, 16 Feb— Sun, 17 Feb</p>			

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**

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**

**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:**     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