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EGG HUNT ON TRUNK ISLAND BOOKING FORM

Name of Attendee(s) _____

Wild Encounter	Date	Number Attending	Ages	Cost
<p>EGG HUNT ON TRUNK ISLAND</p> <p>Roam freely around Trunk Island learning about its natural history during this self-guided egg hunt, where the colors will be your guide.</p> <p>You might even spot the Easter bunny hopping around!</p> <p>You will be transported to the island on board <i>Callista</i> and a departure time will be given upon registration.</p> <p>BZS Members: \$30 per child participant (includes one free chaperone), \$10 per added adult</p> <p>Non-members: \$35 per child participant, (includes one free chaperone), \$15 per added adult</p> <p>SUNDAY, APRIL 14TH, 9:30AM-11:30PM Ages 2-5 years (with at least one parent)</p> <p>SUNDAY, APRIL 14TH, 1-3PM Ages 6 and up (drop off)</p> <p>SATURDAY, APRIL 20TH, 9:30AM-11:30AM Ages 2-5 years (with at least one parent, families with older siblings are encouraged to register for the afternoon family hunt.)</p> <p>SATURDAY, APRIL 20TH, 1-3PM Family Hunt (ages 5 and up, children can also be dropped off with prior arrangement)</p> <p>PLEASE NOTE THE <u>TOTAL NUMBER OF PARTICIPANTS SO THAT WE CAN MANAGE THE SPACE AVAILABLE ON THE BOAT.</u></p>	<p><input type="radio"/> Sunday, April 14th: 9:30am-11:30am</p> <p><input type="radio"/> Sunday, April 14th: 1pm-3pm</p> <p><input type="radio"/> Saturday, April 20th: 9:30am-11:30am</p> <p><input type="radio"/> Saturday, April 20th: 1pm-3pm</p>			

Attendee(s) Name(s): _____

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

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

Date

Print Name (parent / guardian) delete as applicable