



**Heal the Bay Aquarium
2019 Aquarium Science Camp
Liability & Image Release**

As parent or legal guardian of _____
NAME OF CHILD

(hereinafter referred to as "child"), I know of no physical limitation which should keep my child from undertaking the activities associated with the class(es). I understand and agree that neither Heal the Bay, the Heal the Bay Aquarium, nor any of their respective employees, volunteers, or assigns, (hereinafter collectively referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to the child that may occur as a result of the child's participation in the classes, or as a result of product liability or the negligence including of Released Parties, whether passive or active. In consideration for being allowed to have my child participate in this program, I do hereby exempt and release all "Released Parties," as defined above, from all liability or responsibility whatsoever for any claim or lawsuit associated with my child's participation in the class(es), including claims or lawsuits for personal injury, property damage or wrongful death, however caused, including negligence of the "Released Parties."

This Aquarium Science Camp Liability Release may be revoked at any time before the expiration date with written notice to the Heal the Bay Aquarium.

I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.

Name of Child (PLEASE PRINT): _____

Name of Parent/Guardian (PLEASE PRINT): _____

Signature of Parent/Guardian

Date

IMAGE WAIVER

I agree that Heal the Bay and the Heal the Bay Aquarium may photograph and record the likeness, activities, and or Images of my child (named above). I grant the following rights to Heal the Bay: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the Shoot. Use of the Images for editorial or advertising purposes may be done in any medium now existing or subsequently developed, worldwide in perpetuity for the purposes-stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Heal the Bay and the Heal the Bay Aquarium from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy or other tortious act.

I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.

Signature of Parent/Guardian

Date



CAMPER INFORMATION & MEDICAL CONSENT FORM 2019

Camper's Name:	Date of Birth:
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Parent/ Guardian's Name:			
2 nd Parent/ 2 nd Guardian's Name:			
Address of Parent/Guardian: Street:			
City:	Zip:		
Home Phone: ()	Mobile: ()		
Work Phone: ()			
Best number to call in case of emergency:	Home	Mobile	Work

Second Contact Name:	Phone #: ()
Relationship:	

Camper's Doctor Name:	Phone #: ()
Health Insurance Company:	
Group #	Policy #:

Medications:
Allergies:
Special Conditions/ Instructions

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CONSENT AND AUTHORIZATION OF MEDICAL AND/OR DENTAL TREATMENT

I hereby give my consent for _____ (hereinafter referred to as "child") to participate in the Aquarium Science Camp Program at the Heal the Bay Aquarium.

Name of Child

I further authorize any of the employees or representatives of the Heal the Bay Aquarium or Heal the Bay to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office or other institution, and to employ any physicians, dentists, nurses, or other person(s) whose services may be needed for such health care, or review as in his or her sole judgment may be necessary for the examination and treatment of my child. I further authorize disclosure of the content of any medical or dental records regarding my child as necessary for the examination and treatment of my child, and hereby execute my consent as required by medical, dental or health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include, but not be limited to, the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.

Name of Child (PLEASE TYPE or PRINT): _____

Name of Parent/Guardian (PLEASE TYPE or PRINT): _____

SIGNATURE OF PARENT OR GUARDIAN

DATE