

Heal the Bay Aquarium 2024 Aquarium Science Camp Liability & Image Release

As parent or legal guardian of	(hereinafter referred to as
NAME OF CHILD	
"child"), I know of no physical limitation which should keep my child from class(es). I understand and agree that neither Heal the Bay, the Heal the Bay employees, volunteers, or assigns, (hereinafter collectively referred to as "I responsible in any way for any injury, death or other damages to the child to participation in the classes, or as a result of product liability or the negligent passive or active. In consideration for being allowed to have my child participation and release all "Released Parties," as defined above, from all liability or results lawsuit associated with my child's participation in the class(es), including classical damage or wrongful death, however caused, including negligence of the "Released Parties".	ay Aquarium, nor any of their respective Released Parties") may be held liable or that may occur as a result of the child's nce including of Released Parties, whether cipate in this program, I do hereby exempt ponsibility whatsoever for any claim or aims or lawsuits for personal injury, property
This Aquarium Science Camp Liability Release may be revoked at any time to the Heal the Bay Aquarium.	before the expiration date with written notice
I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.	
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 a Images of my child (named above). I grant the following rights to Heal the Ere-publish, and modify or alter the Image(s) taken during the Shoot. Use of purposes may be done in any medium now existing or subsequently developurposes-stated above.	Bay: permission to use and re-use, publish and the Images for editorial or advertising
I waive my right to inspect or approve any editorial text or copy that is used and discharge Heal the Bay and the Heal the Bay Aquarium from any and al the purposes described above, including any claims for libel, invasion of pri	Il claims arising out of use of the Images for
I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.	
Signature of Parent/Guardian:	Date:



CAMPER INFORMATION & MEDICAL CONSENT FORM 2024

Campar's Name	Data of Distb.	
Camper's Name:	Date of Birth:	
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 emerg	gency: Home Mobile Work	
Second Contact Name:	Phone #: ()	
Relationship:		
amper's Doctor Name:	Phone #: ()	
Health Insurance Company:	r none #. ()	
Group # Polic	W #*	
Group # Tone	у т.	
Medications:		
Allergies:		
Special Conditions/ Instructions		
I hereby give my consent for	(hereinafter referred to as "child") to	
	lame of Child	
participate in the Aquarium Science C	amp Program at the Heal the Bay Aquarium.	
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 s before administering or authorizing a	staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) ny treatment.	
I HAVE READ AND UNDERSTAND THE ABOVE. I HEREBY GIVE MY CONSENT.		
Name of Parent/Guardian (PLEASE PR	RINT):	
Signature of Parent/Guardian:	Date:	