

# Dolphin Encounters Camp Registration & Waiver Form

Please read the policies in the Summer Camp FAQ's & submit this completed form at the time of PAYMENT.

For and in consideration of permitting the camper(s) listed below to enroll in and participate camper activities and activities incidental thereto, including without limitation, activities involving close proximity to and contact with animals, as a camper on, from, or in the location Dolphin Encounters Ltd. chooses to offer the program on the dates noted below, the undersigned, for himself or herself and for his or her heirs, executors, administrators and assigns, voluntarily agrees that under no circumstances will the undersigned, or the heirs, executors, administrators or assigns of the undersigned prosecute or present any such claim or cause of action for personal injury, property damage or wrongful death against Dolphin Encounters Ltd. or any of their respective officers, agents, servants or employees, whether such claim or cause of action arises from the negligence of the Dolphin Encounters Ltd. or any of the respective officers agents, servants or employees, or otherwise.

It is the intention of the undersigned by this instrument, to exempt and relieve Dolphin Encounters Ltd. and their Officers, Agents, Servants or Employees from liability for personal injury, property damage or wrongful death caused by negligence. The undersigned further authorizes Dolphin Encounters Ltd. to take any steps necessary to insure the health of the registrant in case of an emergency. The undersigned acknowledges that he or she has read this instrument, has been fully and completely advised of the potential hazards incidental to engaging in the activities described, and is fully aware of the legal consequences of signing this instrument.

Camper's Name (Print): \_\_\_\_\_ Campers Age: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Camper's Name (Print): \_\_\_\_\_ Campers Age: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Camper's Name (Print): \_\_\_\_\_ Campers Age: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Weekly  Daily Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Allergies:  None  List: \_\_\_\_\_

Is there a medical condition or medication which we need to be aware of? \_\_\_\_\_

Are there any special requirements or needs (wheelchair access, etc.)? \_\_\_\_\_

Is English the camper's first language? Yes No If applies, Hotel: \_\_\_\_\_ Room Number: \_\_\_\_\_

Required:  I have reviewed the policies in the Summer Camp FAQ's and agree to the guidelines and restrictions.

Parent/Guardian's Name (Print): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact (Print): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Who is authorized to pick up the camper(s) at the ferry terminal after the camp? \_\_\_\_\_

How did you hear about the program?  Flyer  Website  Friend  Email  Other: \_\_\_\_\_

Phone 242-359-0278

[education@dolphinencounters.com](mailto:education@dolphinencounters.com)

Fax 242-394-2244

For Internal Use: Date: \_\_\_\_\_ Location:  Office  Booth Payment: \_\_\_\_\_ Staff: \_\_\_\_\_