

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(s): _____ Confirmation #: _____

Weekly Daily Date(s): _____ Confirmation #: _____

Weekly Daily Date(s): _____ Confirmation #: _____

Camper's Name (Print): _____ Campers Age: _____

Weekly Daily Date(s): _____ Confirmation #: _____

Weekly Daily Date(s): _____ Confirmation #: _____

Weekly Daily Date(s): _____ 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

REQUIRED: I HAVE REVIEWED THE SUMMER CAMP POLICIES AND AGREE TO THE GUIDELINES AND RESTRICTIONS.

Parent/Guardian's Name (Print): _____ Parent/Guardian Signature: _____

Email: _____ Cell phone: _____

If staying at a hotel please include Hotel Name: _____ Room Number: _____

Emergency Contact (Print): _____ Emergency Phone: _____

Emergency Contact (Print): _____ Emergency Phone: _____

Who is authorized to pick up the camper(s) at the ferry terminal? _____

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