Resident Camp	Starting Date		
Participant	Confirmation Number		

Your child has requested the opportunity to participate in a SeaWorld/Busch Gardens Resident Camp. The attached forms are for use with campers who are minors (under the age of 18 years of age) and are to be completed by the minor's parent(s)/guardian(s). Please complete, sign, and return the attached forms, with the exception of the Camper Examination by Licensed Medical Personnel which must be completed by a physician, to the appropriate park at least five weeks before the camp session the minor will be attending.

Busch Gardens ATTN: Busch Gardens Resident Camps P.O. Box 9157 Tampa, FL 33674

- o Camper Information, Insurance Information, Medication and Health History
- o Camper Examination by Licensed Medical Personnel
- o Medical Consent
- o Photo Release, Liability Release, Voluntary Assumption of Risk and Indemnity Agreement
- o Code of Conduct Agreement
- o Travel Information

Any changes to information on these forms should be given to camp staff upon arrival to camp. Please provide us with complete information so the staff can be aware of all needs.

CAMPERS CANNOT BEGIN PROGRAM ACTIVITIES UNTIL COMPLETED, SIGNED FORMS ARE ON FILE

Resident Camp	Starting Date
Participant	Confirmation Number

### **Camper Information and Health History (Completed by PARENT/Guardian)**

				<del></del>
Last Name	First/Middle Name			M/F
Birth date A	ge at Camp	G	rade Entering in the Fa	all
Program date(s)		If Camper is	attending with a friend,	Name of Friend
Home address	City	State	Zip	
Custodial Parent/Guardian	Phone	Mobil	e Phone (must be regis	stered in US)
Second Parent/Guardian or Emergency Co	ontact Phone	Mobile	e Phone (must be regis	tered in US)
Emergency Contact (If Above Not Available	e) Phone	Relati	onship to Camper	
s the camper covered by family medical/h	ospital insurance?	⁄es N	o	
If so, indicate carrier or plan name		Group #		
Name of insured	Relationship t	camper		
Policyholder insurance ID number				
Name of family physician		_ Phone		
Name of family dentist/orthodontist		_ Phone		
<mark>Vaccines</mark> DTP, TD <b>Tetanus</b>	<u>Status</u> Up to date Yes <b>Date Given Requi</b> i			
	2410 4.11011 11044	Mo/Yr		
Polio	Up to date Yes			
Measles, Mumps, Rubella (MMR)	Up to date Yes	No No		
Does the camper have any of the following Allergies (including food, nuts, insect (be				ir/fur etc.)
<b>Diseases</b> (Hepatitis, Measles, heart disea	se/defect, epilepsy, diabet	es etc.)		
Dietary Restrictions Please list any speci	al needs your camper req	uires (vegetaria	an, gluten-free, dairy-fre	ee, etc.)
Other Conditions (Migraines, nosebleeds	, bed-wetting, sleepwalkin	g, behavioral e	tc.) that we need to be	aware of?

Resident Camp		Starting Date	
Participant	Starting Date Confirmation Number		
Camper Medic	cation Information	and Over-the-counter release	
AND OVER THE COUNTER MEDICAT	FION MUST BE IN THE prescription medication	nprescription drugs) taken routinely. ALL PRESC E ORIGINAL PACKAGING/BOTTLE that identif on, the dosage, and the frequency of administ	ies the
Camper takes NO medications	s (including over-the-co	ounter or nonprescription drugs) on a routine basi	S.
Camper takes the following me	edication (including ove	er-the-counter or nonprescription drugs) on a rout	tine basis:
Medication #1	Dosage	Specific times taken	
Reason for taking			
Medication #2	Dosage	Specific times taken	
Reason for taking			
Medication #3	Dosage	Specific times taken	
Reason for taking			
Attach additional pages for more medional not take during the summer:		edications taken during the school year that camp	oer does/
Our Health Services carry several O camper. Please contact us if you ha		) medications; therefore, OTC need not be sen ng Over-the-Counter Medications.	nt with
		Busch Gardens permission to administer the follow	
		above camper, if the Medical staff deems it nece	
		ottle unless a physician directs otherwise. I herek	
		dverse reaction to any of the medications which y medications that you do not approve for use w	
camper.	o oroco un ough uny .	noulcations that you do not approve for door	man your
Headache, General Pain Upset Stomach Diarrhea	Tylenol, Ibuprofen Mylanta, Tums Imodium AD, Kaoped	ctate	
Poison Ivy	Calamine Lotion, Cal	dyphen, or Caladryl	
Itching, Hives	Benadryl		
Coughs	Cepocol lozenges		
Sinus Headache/Congestion Sunburn	Phenylephrine	· ov	
Sunburn Bee sting	Cool Gel or Burn Spr Stingkill	ay	
Cuts or scrapes	Triple antibiotic ointm	nent	
Sore Lips	Blistex		
Toothache/ sore gums	Orajel		
•	•		

Parent/Guardian Signature \_\_\_\_\_\_ Date\_\_\_\_\_

Resident Ca	mp Starting Date Confirmation Number
Participant	Confirmation Number
I have examined the proposed of	xamination (completed by Licensed Medical Personnel) camp camper. Date of last examination  Weight Height
are not limited to, snorkeling, ka Competitive swimming skills are strong, it is recommended that or ride roller coasters and other the	s Adventure Camps are physically demanding programs. Camp activities include, but byaking, carrying heavy equipment, and continuous walking, rope climbs, and play areas. In the necessary for the snorkeling programs, but because ocean waves and currents can be campers feel comfortable swimming in the ocean. Campers may have the opportunity to seme park rides on which they may experience high speeds and zero gravity. Campers may species of animals and in their habitats where they may encounter the animals and
Please provide any necessary/a restricting any activities at camp	additional information including current treatments, conditions, or recommendations for o.
Please indicate if the camper is	currently experiencing or has had any of the following conditions:
Recent surgery Pregnant High blood pressure Heart condition	☐ Impairment or condition preventing normal seating or use of safetyw restraints ☐ History of joint dislocations ☐ Respiratory problems including Asthma ☐ Neck, back or bone problems
Camper has had all immunization to the recommendation of Camp	ons/shots (DTP, TD, MMR, Polio, Tetanus) as prescribed by good medical practice (subject per's own physician).
Yes No (If checked, please	list any not up to date)
In my opinion, the above cam	per (is) (is not) able to participate in an active camp program.
Licensed Medical Personnel's N	lame and Title
Signature	Date signed
Address	Phone

Resident Camp	Starting Date
Participant	Confirmation Number

#### **Medical Consent and Assumption of Risk**

- 1. Beginning on the first day of my or my child/ward's presence and attendance at and/or participation in the Busch Gardens and/or Sea World Camps and all associated activities and outings including, but not limited to, transportation to and from the Camp (collectively, "the Camp"), and continuing from day to day throughout the time my child/ward is present at, attends, and/or participates in the Camp, I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition.
- 2. I authorize SeaWorld Parks & Entertainment LLC, its parent, all subsidiaries, related and affiliated entities including, but not limited to, SeaWorld Parks & Entertainment, Inc., and Sea World of Florida LLC, and all their officers, directors, members, partners, shareholders, employees, agents, insurers, successors and assigns ("SEA") to share medical information related to my child/ward with any Medical Provider providing medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.
- 3. I execute this Consent for Medical Treatment (the "Consent") with SEA. I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.
- 4. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment and I, individually and as parent/natural guardian of my child/ward, a minor, sign this Agreement on behalf of my child/ward. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge.
- 5. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that my child/ward is in good health and does not have any health or mental / physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for my child/ward, the animals at the Camp, or other campers. I further certify that my child/ward does not currently have upper respiratory disease or illness (including but not limited to asthma, colds, flu, etc.), is not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and that my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

I represent and agree that I have the legal capacity and authority to act on behalf of myself and my child/ward. This release shall be binding upon me and/or the minor camper, and my or the minor camper's heirs, executors, representatives, next of kin, beneficiaries, administrators, successors and assigns.

#### I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian	Date:
Printed name of Parent/Guardian	
Printed name of Child/Ward	

Resident Camp	Starting Date
Participant	Confirmation Number

## PHOTO RELEASE, LIABILITY RELEASE AND VOLUNTARY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

(completed by parent/guardian)

Please carefully read and consider the terms of this Agreement. Sign in the space at the end to indicate your understanding and acceptance of such terms and your entry into the Agreement on behalf of yourself and your child/ward.

- In consideration of my child's/ward's presence and attendance at and participation in the Sea World/Busch Gardens
  Adventure Camps and all associated activities and outings including, but not limited to, transportation to and from the
  Camp (collectively, "the Camp"), I, individually and on behalf of my child/ward, hereby enter into this agreement and
  accept all of its terms. I represent and agree that I have the legal capacity and authority to act for and on behalf of my
  child/ward.
- 2. I acknowledge receipt of written materials and instructions relating to the Camp and assert that I have had an opportunity, prior to enrolling my child/ward in the Camp, to review these materials which include but are not limited to the Camp Parent Handbook. As a condition of the attendance and participation by my child/ward at the Camp, I agree that I and my child/ward will abide by the policies of the Camp and instructions of Camp staff. I understand that the Camp has the right to refuse or remove any camper who fails to obey such policies or instructions.
- 3. I do hereby on my own behalf and/or on behalf of my child/ward grant SeaWorld Parks & Entertainment LLC, its parent, all subsidiaries, related and affiliated entities including, but not limited to, SeaWorld Parks & Entertainment, Inc., and Sea World of Florida LLC, and all their officers, directors, members, partners, shareholders, employees, agents, insurers, successors and assigns (the "Released Parties") the irrevocable right and permission to photograph or otherwise record me or my child/ward in connection with the Camp, and to use the photograph or recording ("Photograph") for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the Photograph, and acknowledge and agree that the rights granted by this Release are without compensation of any kind.
- 4. I acknowledge and agree that I have no right, title or interest in the Photographs and agree that such Photographs and the copyright therein are the exclusive property of the Released Parties. I, individually and on behalf of my child/ward, agree to <u>release and discharge</u> the Released Parties from any claims, actions, damages, demands, costs, expenses (<u>including attorneys' fees</u>) or lawsuits of any kind by reason of the sale, distribution or use of such photographs or recordings.
- 5. I understand that attendance and participation at the Camp may include riding roller coasters and other theme park rides and activities which may involve exposure to high speeds and gravity forces, swimming, snorkeling, kayaking, zip lines, rope climbs, play areas, ball games, carrying heavy equipment, continuous walking, vehicle transportation to and from activities, being in proximity of or interacting with, feeding and coming in physical contact with birds, reptiles, and primates, large felines, manatees, whales, dolphins, and other land or marine animals. I understand that there are inherent **RISKS** involved in these activities, including but not limited to scrapes, bites, cuts, bruises and/or more serious injuries or illnesses such as bodily injury, even death. My child/ward has voluntarily enrolled in the Camp and I, individually and on behalf of my child/ward agree to **ASSUME ALL RISKS**, known and unknown, of personal injuries, possible death and damage to or loss of property stemming from attendance and participation at the Camp.
- 6. I, individually and as the parent/legal guardian of the minor camper, agree to release the Released Parties from any and all claims, losses, demands, damages, expenses, lawsuits, causes of action and judgments, whether foreseen or unforeseen, known or unknown, present or future, resulting from, arising out of or in any way connected with my and/or child/ward's participation in the Camp including but not limited to, any claims for personal injuries, including death, illnesses and/or damage to or loss of personal property, EVEN IF CAUSED IN WHOLE OR IN PART BY THE PRESENT OR FUTURE NEGLIGENCE, FAULT, STRICT PRODUCT LIABILITY, BREACH OF CONTRACT OR OTHER ACT, CONDUCT OR STATUS OF ANY OF THE RELEASED PARTIES.
- 7. I, individually and as the parent/legal guardian of the minor camper, further agree to INDEMNIFY AND DEFEND the Released Parties from and against any claims, actions, damages, demands, costs, expenses

(including attorneys' fees) or lawsuits, whether foreseen or unforeseen, present or future, known or unknown, that I, my child/ward, or any other parent/guardian of my child/ward may have or assert as arising from attendance or participation (or the refusal of permission to attend or participate) at the Camp, EVEN IF CAUSED IN WHOLE OR IN PART BY THE PRESENT OR FUTURE NEGLIGENCE, FAULT, STRICT PRODUCT LIABILITY, BREACH OF CONTRACT OR OTHER ACT, CONDUCT OR STATUS OF ANY OF THE RELEASED PARTIES. I understand and agree that this indemnity obligation includes any claims, actions, damages or lawsuits brought by me or on behalf of my child/ward, including those for personal injuries, illness or damage to or loss of property arising from my child/ward's attendance or participation (or refusal of permission to attend or participate) at the Camp.

- 8. I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision.
- 9. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a state or federal court of competent jurisdiction in the state of Florida.
- 10. I agree that this Release shall be binding upon me and my child/ward's family members, heirs, assigns, personal representatives and all other parties

# NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO FLORIDA STATUTE §744.301

READ THIS FORM COMPLETELY A ND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I AM OF AT LEAST 18 YEARS OF AGE, AM OF SOUND MIND, HAVE READ AND UNDERSTAND THIS AGREEMENT AND ACCEPT AND VOLUNTARILY AGREE TO ITS TERMS.

Signature of Parent/Guardian:	Date:
Printed Name of Parent/Guardian:	
Printed Name of Child/Ward:	
Address of Guardian:	

Resident Camp	Starting Date
Participant	Confirmation Number
Code of Conduct Agreem	nent (completed by PARENT guardian and camper)
This statement, when signed by both camper	and parent, serves as an agreement with SeaWorld/Busch Gardens.
a responsible and courteous manner at all tin of acceptable and unacceptable behavior. Pa Instructors. If a behavior problem arises, the continues, the participant may forfeit participa	rdens Adventure Camp programs, all participants are expected to act in nes. Upon arrival to the program, Camp Instructors will review examples articipants are expected to adhere to the guidelines set forth by the Camp Instructors will first discuss the problem with the individual. If the problem ation in future program activities. If the problems are severe, the parent will, if the problem is not rectified, the parents are responsible for providing trans ram and a refund will not be issued.
	rticipant leaving a program include, but are not limited to, consumption or obacco products or illegal narcotics; possession of a weapon; destruction of area of the opposite gender.
	ove statement. By signing this agreement, I agree to act in a responsible t follow the guidelines set forth by Camp Instructors, I understand that I may
Camper name (print)	Camper Signature
Date:	
Parent: I have read and understand the above portation if my child must leave the program of	ve statement. By signing this statement, I agree to arrange and pay for transearly.
Parent name (print)	Parent Signature
Date:	

Resident C	amp	Starting	Date			
Participant _		Confirmation N	lumber _			_
	TDA	/EL INEODMATION				
Ple		VEL INFORMATION ete the camper's mode	of transr	ortation:		
NO,		airport pick-up or drop-c				) will check in
my camper at Mzinga Lodg				(		,
Name of adult dropping	ng off camper 11:00a.n	n. the first day of camp: _				*
Name of adult picking	up camper 9:00a.m th	ne final day of camp:				*
*The designated person pic with photo I.D. and have a c			ified prior	r to pick-u	ıp (above	), be an adult
YES, my camper will require	e airport pick-up and c	lrop-off (please include	a copy of	the flight	t itinerary	).
YES, my camper will be tra Contact the park 48 hrs.						
For SeaWorld – Busch Garde INTERNATIONAL AIRPORT.	ns Resident Combo C	amps—please be sure to	schedule	your dep	arting fligh	nt out of TAMPA
ARRIVAL INFORMATION:						
Arrival Date:a	ınd Time:	at Tampa Internationa	l Airport (T	PA)		
Airline:	In-bound Flight Nu	mber:				
Departure city + airport:						
DEPARTURE INFORMATION	۱:					
Departure Date:	and Time:	(fro	m TPA)			
Airline:	Out-bound Flight N	lumber:				
Destination city + airport:						
All camps begin at noon the fi will meet arriving campers at						
		RLIER THAN 10:00 a.m EARLIER THAN 10:00				
Most airlines now charge for camper in for departure; payn over the phone. However, mo baggage fees and weight limit	nent must be provided ost airlines allow the fe	to the airline clerk in pers	son. Cred	lit Cards a	re not typi	cally accepted
Yes I have provided my ca it in a sealed envelope which		ayment for their luggage	fees. You	ı may send	d	
		nline. Number of bags?	1	2	3	

Please refer to **Frequently Asked Questions** on our website, for more information.

If there are emergency changes regarding travel arrangements, please call the **Resident Camps Hotline at (813) 987-5848**, and leave a detailed message. A Resident Camp Representative will return your call.