2014 Day Camp Confirmation Materials

Your child has requested the opportunity to participate in a SeaWorld/Busch Gardens program. The attached forms are for use with campers (students) 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 no later than 2 weeks prior to the start date of camp.

Mail to:

Education Fulfillment
Busch Gardens Tampa
P.O. Box 9157
Tampa, FL 33674

- O Camper (Student) Information, Insurance Information, Medication and Health History
- O Medical Consent
- O Photo Release, Liability Release, Voluntary Assumption of Risk and Indemnity Agreement
- O Code of Conduct Agreement

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

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

Day Camp _____Starting Date_____

Participant _____ Confirmation Number _____

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

Last Name | First/Middle Name | M/F

Birth date | Age at Camp | Grade Entering in the Fall

Program date(s) | If Camper is attending with a friend, Name of Friend

Home address | City | State | Zip

Custodial Parent/Guardian | Phone | Mobile Phone (must be registered in US)

Second Parent/Guardian or Emergency Contact | Phone | Mobile Phone (must be registered in US)

Emergency Contact (If Above Not Available) | Phone | Relationship to Camper

Is the camper covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name _____ Group # _____

Name of insured _____ Relationship to camper _____

Policyholder insurance ID number _____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Vaccines	**Status**		
DTP, TD	Up to date	☐ Yes	☐ No
Tetanus	**Date Given Required:** _____ **Mo/Yr**		
Polio	Up to date	☐ Yes	☐ No
Measles, Mumps, Rubella (MMR)	Up to date	☐ Yes	☐ No

Does the camper have any of the following? If so, please explain in the space provided.

Allergies (including food, nuts, insect (bee) stings, hay fever, asthma, penicillin or other drugs, animal hair/fur etc.)

_____

_____

Diseases (Hepatitis, Measles, heart disease/defect, epilepsy, diabetes etc.)

_____

_____

Dietary Restrictions Please list any special needs your camper requires (vegetarian, gluten-free, dairy-free, etc.)

_____

Other Conditions (Migraines, nosebleeds, bed-wetting, sleepwalking, behavioral etc.) that we need to be aware of?

_____

Day Camp _____Starting Date_____
Participant _____ Confirmation Number _____

Camper Medication Information and Over-the-counter release

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. **ALL PRESCRIPTION AND OVER THE COUNTER MEDICATION MUST BE IN THE ORIGINAL PACKAGING/BOTTLE that identifies the prescribing physician, the name of prescription medication, the dosage, and the frequency of administration.** Bring enough medication to last the duration of camp.

☐ Camper takes NO medications (including over-the-counter or nonprescription drugs) on a routine basis.

☐ Camper takes the following medication (including over-the-counter or nonprescription drugs) on a routine 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 medications. Identify any medications taken during the school year that camper does/ may not take during the summer: _____

Our Health Services carry several Over-the-Counter (OTC) medications; therefore, OTC need not be sent with camper. Please contact us if you have questions regarding Over-the-Counter Medications.

I, _____ hereby give SeaWorld/Busch Gardens permission to administer the following over-the-counter medications, or suitable generic substitute, to the above camper, if the Medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I hereby certify that my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer. **Please cross through any medications that you do not approve for use with your camper.**

Headache, General Pain	Tylenol, Ibuprofen
Upset Stomach	Mylanta, Tums
Diarrhea	Imodium AD, Kaopectate
Poison Ivy	Calamine Lotion, Caldyphen, or Caladryl
Itching, Hives	Benadryl
Coughs	Cepocol lozenges
Sinus Headache/Congestion	Phenylephrine
Sunburn	Cool Gel or Burn Spray
Bee sting	Stingkill
Cuts or scrapes	Triple antibiotic ointment
Sore Lips	Blistex
Toothache/ sore gums	Orajel

Parent/Guardian Signature _____ Date_____

Day 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 _____

Day 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.

1. 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 release and discharge the Released Parties from any claims, actions, damages, demands, costs, expenses (including attorneys' fees) 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: _____

Day Camp _____Starting Date_____
Participant _____ Confirmation Number _____

Code of Conduct Agreement (completed by PARENT guardian and camper)

This statement, when signed by both camper and parent, serves as an agreement with SeaWorld/Busch Gardens.

Due to the nature of the SeaWorld/Busch Gardens Adventure Camp programs, all participants are expected to act in a responsible and courteous manner at all times. Upon arrival to the program, Camp Instructors will review examples of acceptable and unacceptable behavior. Participants are expected to adhere to the guidelines set forth by the Camp Instructors. If a behavior problem arises, the Instructors will first discuss the problem with the individual. If the problem continues, the participant may forfeit participation in future program activities. If the problems are severe, the parent will be contacted to discuss the problem. Finally, if the problem is not rectified, the parents are responsible for providing transportation for the participant to leave the program and a refund will not be issued.

Examples of behavior that may result in a participant leaving a program include, but are not limited to, consumption or possession of alcohol; use or possession of tobacco products or illegal narcotics; possession of a weapon; destruction of property; stealing; and entering the sleeping area of the opposite gender.

Camper: I have read and understand the above statement. By signing this agreement, I agree to act in a responsible and courteous manner at all times. If I do not follow the guidelines set forth by Camp Instructors, I understand that I may forfeit my participation in program activities.

Camper name (print) _____ Camper Signature _____

Date: _____

Parent: I have read and understand the above statement. By signing this statement, I agree to arrange and pay for transportation if my child must leave the program early.

Parent name (print) _____ Parent Signature _____

Date: _____