

# NEWPORT AQUARIUM

## OVERNIGHT ADVENTURE WAIVER & AUTHORIZATION FORM

*The following MUST be read, completed and signed by all participants (children and adults). Forms must be received two weeks prior to the scheduled program date. One form per person.*

Participant:

Troop # or Group Name:

Date of Adventure:

Birthdate:

Gender:

### MEDICAL INFORMATION

Medical information (allergies, medications, conditions, etc.) that the staff should be aware of:

### EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

I recognize and acknowledge that participation in the Newport Aquarium Overnight Adventure Program does involve risk of accident or personal injury. In consideration to participate, I hereby release the Newport Aquarium/HFE, its staff and representatives as well as sponsors, from any and all claims, cause of action, injuries, damages and liabilities of any nature whatsoever arising out of, or in relation to, participation in the program.

Participant's Signature:

Date:

Parent/Guardian's Signature:

Date:

### BEHAVIOR CONTRACT

As a participant or parent/guardian of a participant of the Newport Aquarium Overnight Adventure Program I agree to the following:

- I will listen carefully to and follow directions given by the staff.
- I will not take pictures of tanks that are dark.
- I will clean up after myself in all areas of the Newport Aquarium.
- **I will not enter areas marked "Cast Members Only", access to these areas is prohibited for my safety.**
- After bed down, I will remain in my designated sleeping area and will not disturb others.
- **As a chaperone, I will supervise the minors in my group at all times and understand that I will be responsible for their actions.**

I have read and understand the above rules and policies of the Newport Aquarium Overnight Adventure Program and agree to abide by them during my Overnight Adventure. I understand that failure to abide by the rules may cause me to be dismissed from the program. Overnight Adventure tickets are non-refundable and cannot be rescheduled.

### SIGNATURES

Participant's Signature:

Date:

Parent/Guardian's Signature:

Date: