



Group Name
Sleepover Date

## Sleepover Health History Form and Releases

The information on this form will help us in providing appropriate care if or when necessary. Adult campers or legal parent/guardian of the camper may fill in all information. Any changes to information on this form should be given to camp staff upon arrival at camp. Please provide us with complete information so the staff can be aware of all needs.

**CAMPERS CANNOT START PROGRAM ACTIVITIES UNTIL A COMPLETED HEALTH HISTORY FORM AND RELEASES PACKET IS ON FILE WITH THE SEAWORLD SLEEPOVER PROGRAM**

Gender:  Male  Female

Registrant's name	Date of Birth	Age at Time of Sleepover
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Emergency contact	Phone	Mobile phone (must be registered in USA)
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Second emergency contact	Phone	Mobile phone (must be registered in USA)
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Family physician	Phone
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Do you carry family medical/hospital insurance?  Yes  No

Carrier	Policy/Group #
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Past operations/serious illnesses (with dates) \_\_\_\_\_

Current or chronic illness/medical condition \_\_\_\_\_

Current medications (send with doctor's instructions) \_\_\_\_\_

Allergies \_\_\_\_\_

Parent or Guardian certification that all immunizations, including tetanus vaccination or booster are current \_\_\_\_\_ **Please Initial** \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Other restrictions \_\_\_\_\_

Was the camper exposed to any communicable diseases within the last two (2) weeks, or two weeks prior to Sleepover session?  Yes  No

Please indicate if the participant is currently experiencing or has had any of the following conditions:

- Recent surgery
- Impairment or condition that prevents normal seating or use of safety restraints
- Pregnant
- History of joint dislocations
- High blood pressure
- Respiratory problems
- Heart condition
- Neck, back or bone problems

Due to ride manufacturer restrictions, the presence of one or more of such conditions may prevent participation on certain rides and slides.

### Over-the-Counter Medications Release

I, \_\_\_\_\_ hereby give SeaWorld/Busch Gardens Adventure Camps permission to administer the following over-the-counter medications, or suitable generic substitute, to the above participant, 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.

- Headache, General Pain ..... Tylenol, Ibuprofen
- Upset Stomach ..... Pepto Bismol, Mylanta, Tums
- Diarrhea ..... Imodium AD, Kaopectate
- Menstrual cramps ..... Ibuprofen
- Poison Ivy ..... Calamine Lotion, Cortaid, Caldyphen, or Caladryl
- Itching, Hives ..... Benadryl
- Coughs ..... Robitussin, Cepocol lozenges
- Sinus Headache/Congestion ..... Dristan Cold, Pseudoephedrine with Tylenol, Sudafed
- 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 \_\_\_\_\_

# SeaWorld California Participant Release

Thank you for enrolling in the 2010 SeaWorld Parks & Entertainment Adventure Camps (the "Camp"). In consideration of and as a condition of your or your child's/ward's participation in the Camp, please carefully read and then sign this Participant Release ("Release").

I, \_\_\_\_\_, participant, or parent/legal guardian of \_\_\_\_\_, a minor participant, acknowledge that I am legally competent, that I am authorized by law to sign this Release, that the terms herein are contractual and not mere recitals, and that I voluntarily sign this Release on my own behalf or my child's/ward's behalf.

I acknowledge receipt of written materials and instructions relating to the Camp and assert that I have had an opportunity, prior to enrolling myself or my child/ward in the Camp, to review these materials. These materials include but are not limited to: **SAMPLE ITINERARY AND RULES AND REGULATONS**. As a condition of my or my child's/ward's attendance at and participation in the Camp, I agree that I or my child/ward will abide by such rules and instructions. I acknowledge and agree that if I fail or my child/ward fails to follow the rules or instructions, I or he/she will be removed from the Camp.

I acknowledge and agree that my or my child's/ward's attendance at and participation in the Camp and related activities may subject me or him/her to risk of personal injury, including death, and/or damage to property. I represent that I have voluntarily enrolled myself or my child/ward for attendance at and participation in the Camp and that I hereby assume all risks in relation to the Camp and any related activities. I hereby covenant and agree that Sea World LLC, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns (the "Released Parties") shall not be liable for any claims or damages including, without limitation, bodily injury, damages or death, compensatory damages, punitive and exemplary damages, pain and suffering or mental anguish damages, and damage to property, which may in any way result from or arise out of my or my child's/ward's attendance at and participation in the Camp. I HEREBY FULLY RELEASE, DISCHARGE, WAIVE, ACQUIT AND FOREVER HOLD HARMLESS AND COVENANT NOT TO SUE ANY OF THE RELEASED PARTIES FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF MY OR MY CHILD'S ATTENDANCE AT, PREPARATION FOR AND PARTICIPATION IN THE CAMP, OR ANY RELATED ACTIVITIES, REGARDLESS OF WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION ARE FOUNDED IN WHOLE OR IN PART UPON THE ALLEGED NEGLIGENCE OF THE RELEASED PARTIES (other than gross negligence and intentional torts).

I certify that I am or my child/ward is in good health and there are no physical conditions that would or should prevent me or my child/ward from attending or participating in the Camp. I further certify that I do not or my child/ward does not currently have upper respiratory disease or illness (e.g., colds, flu, etc.), I am not or my child/ward is not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and I do not or my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

I acknowledge and agree that my or my child's/ward's attendance at and participation in the Camp may include riding roller coasters and other theme park rides and activities which may involve high speeds and zero gravity, swimming, snorkeling, kayaking, play areas, ball games, carrying heavy equipment, continuous walking, being near, interacting with, feeding, touching and/or brushing certain birds, reptiles, and other land and/or marine animals, including but not limited to primates, killer whales, seals and dolphins. I understand that there are risks and dangers involved in being physically close to certain birds, reptiles and other animals, and that there are intrinsic dangers with such activities, and that these risks and dangers include but are not limited to being bitten and suffering severe personal injuries and possible death.

I acknowledge and agree that I or my child/ward may be transported by the Released Parties to and from the Camp for various activities and that I, on behalf of myself or my child/ward, agree to assume all risks in relation to such transportation.

I acknowledge and agree that if any provision or part of this Release shall be determined to be void by any court of competent jurisdiction, then such determination shall not affect any other provision or part of this Release and if any provision or part of this Release is capable of two constructions, one of which would render the provision or part void and the other of which would render the provision or part valid, then the provision or part shall have the meaning which renders it valid. This Release is intended to be as broad and inclusive as permitted by law, and if any portion thereof is held invalid the balance shall continue in full legal force and effect.

I acknowledge and agree that this Release shall be interpreted in accordance with the laws of the State of California.

I acknowledge and agree that the terms and conditions contained in this Release shall be binding upon me and/or my child/ward, and my or my child's/ward's family members, representatives, executors, heirs, next of kin, successors, beneficiaries, assigns and personal representatives.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND ACCEPT AND, IN CONSIDERATION OF MYSELF OR MY CHILD/WARD BEING PERMITTED TO PARTICIPATE IN THE CAMP, AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of PARTICIPANT

\_\_\_\_\_  
Signature of PARENT OR LEGAL GUARDIAN (if PARTICIPANT is under 18 years of age)

\_\_\_\_\_  
Name of PARTICIPANT (Please Print)

\_\_\_\_\_  
Name of PARENT OR LEGAL GUARDIAN (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# SeaWorld California Camp Medical Consent

## CONSENT AND RELEASE FOR MEDICAL TREATMENT

I, \_\_\_\_\_, an adult participant, or the parent/legal guardian of \_\_\_\_\_ a minor participant, in consideration of being permitted to participate in the 2010 SeaWorld Parks & Entertainment Adventure Camps (the "Camp"), do hereby on my own behalf or on behalf of the minor participant, execute this Consent and Release for Medical Treatment (the "Consent") with SEA WORLD LLC, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns (collectively, the "Released Parties").

I grant my authorization and consent for Camp nurses, EMTs, paramedics, counselors, physicians or other Camp personnel (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Camp personnel to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur UNDER Sections 6901, 6902 and 6910 of the California Family Code. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment by a Dentist in the Dental Practice Act for my child.

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 me or the minor participant for any injury and/or condition that occurs, manifests or arises at any Camp or which occurs, manifests, arises out of or relates to any Camp activities or related activities. 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.

I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume any such risk for and on behalf of myself and/or said minor. I acknowledge that no warranty is being made as to the result of any medical treatment.

I understand and agree that this Consent shall be binding on me and/or the minor participant, and my or the minor participant's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns. I represent and agree that I have the legal capacity and authority to act for and on behalf of myself or for and on behalf of the minor participant.

I further authorize the Camp personnel to receive physical custody of my child under Section 1283(a) and any other applicable sections of the California Health and Safety Code, upon completion of any treatment and specifically instruct any treating health facility to surrender physical custody of my child to the Camp personnel.

I hereby agree to release, waive and forever discharge and to indemnify, defend and hold harmless the Released Parties from any and all claims, costs, expenses (including attorneys' fees), liabilities and damages, including but not limited to personal injuries or death, whether foreseen or unforeseen, present or future, known or unknown, as a result of, related to or arising out of (1) any insufficiency of my legal capacity or authority to act for and on behalf of myself or the minor participant in the execution of this Consent, (2) any treatment or failure to treat me or the minor participant by any Medical Provider as hereinafter defined, and/or (3) the disclosure of any medical information or records for use in the medical treatment of myself or the minor participant. This Consent is intended to be as broad and inclusive as permitted by law, and if any portion thereof is held invalid the balance shall continue in full legal force and effect.

**IT IS THE INTENTION OF THE UNDERSIGNED, BY SIGNING THIS CONSENT AND RELEASE, TO EXEMPT, RELIEVE, RELEASE, WAIVE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY ARISING OUT OF THE PROVISION OR FAILURE TO PROVIDE MEDICAL CARE, OR ARISING OUT OF THE DISCLOSURE OF MEDICAL INFORMATION OR RECORDS, REGARDLESS OF WHETHER SAME MAY HAVE BEEN CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**

I agree that the health history given as part of my or the minor participant's registration is correct to the best of my knowledge and that I am or the minor participant is capable of engaging in camp activities except as otherwise noted on the health history form.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. A copy of this Consent may be used in place of the original.

**I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of PARTICIPANT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of PARTICIPANT (Please Print)

**I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of PARENT OR LEGAL GUARDIAN (if PARTICIPANT is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of PARENT OR LEGAL GUARDIAN (Please Print)

# Photo Release

I, \_\_\_\_\_, an adult participant, or the parent/legal guardian of \_\_\_\_\_, a minor participant, in consideration of being permitted to participate in the 2010 SeaWorld Parks & Entertainment Adventure Camps (the "Camp"), do hereby on my own behalf and/or on behalf of the minor participant grant Sea World LLC, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns ("SEA"), 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.

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 SEA.

I hereby release and discharge SEA from any and all claims and demands arising out of or in connection with the use of the Photographs, including any and all claims for invasion of privacy or right of publicity.

I represent and agree that I have the legal capacity and authority to act for and on behalf of myself or for and on behalf of the minor participant.

This release shall be binding upon me and/or the minor participant, and my or the minor participant's heirs, executors, representatives, next of kin, beneficiaries, administrators, successors and assigns.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of PARTICIPANT

\_\_\_\_\_  
Signature of PARENT OR LEGAL GUARDIAN (if PARTICIPANT is under 18 years of age)

\_\_\_\_\_  
Name of PARTICIPANT (Please Print)

\_\_\_\_\_  
Name of PARENT OR LEGAL GUARDIAN (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Decline use of Photograph \_\_\_\_\_  
Date

## Code of Conduct Agreement

This statement, when signed by either participant and/or parent/guardian, serves as an agreement with SeaWorld San Diego Adventure Camp.

Due to the nature of the SeaWorld San Diego Adventure Camp program, all participants are expected to act in a responsible, safe and courteous manner at all times.

Shirts and shoes are required at all times before bedtime.

Sleepover guests must walk (no running) at all times while in the park.

SeaWorld Security may search all bags, purses, backpacks, etc. prior to entry.

**Sleepovers are a fully supervised event. Adults and children are required to stay with their group at all times. Under no circumstances are adults or children allowed to leave their group without staff supervision. Campers are not permitted to leave at the conclusion of the Sleepover event without a signature of a parent or leader.**

A hot dinner and breakfast are included in the Sleepover package. No outside food, snacks, or beverages can be brought into the park during a Sleepover event. If you have a food allergy, please contact your Sleepover Reservationists at (800) 257-4268 (press 45) at least 30 days prior to your Sleepover.

SeaWorld San Diego Adventure Camp reserves the right to dismiss a participant at the expense of the parent/guardian. In such a case, Sleepover Program deposits and fees are non-transferable and non-refundable. **Examples of behaviors that will result in a guest being immediately asked to leave the Sleepover include, but are not limited to, consumption or possession of Alcohol, tobacco products or illegal narcotics, possession of a weapon (real or look-alike), destruction of property, refusal to participate in program components, or disruptive behavior which threatens the health, safety, and enjoyment of other campers or staff. Any damage to property must be repaired or replaced at the expense of the participant causing the damage.**

**Adult/Child Participant:** I have read and understand the above statement. By signing this form, I agree to act in a responsible, safe and courteous manner at all times. If I do not follow the guidelines set forth by the SeaWorld staff, I understand that I may forfeit my participation in program activities and may be dismissed from camp.

Participant's name (print) \_\_\_\_\_

Participant's signature \_\_\_\_\_

**Parent/Guardian:** I have read and understand the above statement. By signing this statement I agree to arrange and pay for transportation if my child is dismissed from camp.

Parent/Guardian name (print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_