



Sleepover Program

Release Waiver (Please use a separate form for each participant)

Participant's Name: _____ **DOB:** _____ **Gender:** M F

Parent/Guardian Name (minors only): _____

Mailing Address: _____

Evening Phone: _____ **Cell Phone:** _____

Email: _____

PLEASE INITIAL THE FOLLOWING:

_____ Waiver: I understand that by submitting this registration to Shreveport Aquarium, I am voluntarily assuming the risk on behalf of myself (ages 15 years and older) or minor children in my company, that my voluntary choice to touch and/or interact with any animal may result in physical harm. I hereby waive any and all claims against, and waive release and hold harmless the Shreveport Aquarium, SALT Restaurant, Planet Aqua Group, and their respective officers, employees, and agents from and against any and all claims or causes of actions relating or arising from my voluntary choice to interact with any animal.

_____ I agree as a precondition to my participation or my child's participation there are inherent risks that may cause serious injury and possibly death to participants and hereby waive any and all claims, which I may have against Shreveport Aquarium, and/or its Employees, and release Shreveport Aquarium and its Employees from all liability for injury, death, property damage, or any other loss sustained by me, my child, family members and/or others for whom food is purchased with the intent of feeding as a result of participation due to any cause whatsoever including, without limitation, negligence on the part of Shreveport Aquarium or its Employees, for any and all legal fees (on a solicitor and his own client basis) or costs, which may be incurred in defending any lawsuit or claim brought against Shreveport Aquarium or its Employees.

_____ In the event that I/the child needs medical treatment, I hereby consent and authorize the accompanying representative of the Shreveport Aquarium to provide treatment. I agree to be responsible for the cost of any medical services and to indemnify the Shreveport Aquarium for such expenses.

_____ Consent: I agree that the Shreveport Aquarium, SALT Restaurant, and/or Planet Aqua Group and each of its respective agents shall have the unrestricted right and license to use my and my child's image, likeness, name, voice, comments or other proprietary or public rights and that of any minor accompanying me in any print, photograph, digital, electronic, social media, and/or video and/or audio sound recording taken in conjunction with my visit.

_____ I/the child do not have any physical or mental conditions which would restrict or prevent me/the child from participating in any scheduled activity, or which would increase the risk of harm with the exceptions listed on the medical form.

_____ I further understand that Shreveport Aquarium reserves the rights to adjust this program, and its offerings, at any time and provides no guarantees of programming or participation.

_____ I authorize the total cost of the camp, plus the applicable taxes and fees to be charged to the card below.

Non-Discrimination Policy: The Shreveport Aquarium is proud of our diverse and inclusive programs. Consistent with our corporate non-discrimination policy and applicable laws, SHAQ programs are open to everyone regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Signature: _____

(Parents must sign for minors)

Printed Name: _____

Date: _____



Sleepover Program

Personal & Medical Information (Please use a separate form for each participant)

Participant's Name: _____ DOB: _____ Gender: M F

Parent/Guardian Name (minors only): _____

EMERGENCY CONTACTS:

In case of an emergency, please list the name and phone number of a second party who could respond.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INFO: Please list any allergies, medical / behavioral issues, special needs etc. that our staff should be aware of or that may require special accommodations:

MEDICAL POLICY: In the case of medical emergency, it is Shreveport Aquarium policy to contact 911 immediately. If not present, parents / guardians will be contacted after emergency services have been activated. Aquarium staff are certified in CPR and Basic First Aid, but will not treat any serious medical condition nor administer medications of any kind. All information released by a parent / guardian on this form is considered confidential and will not be released to any third party.

Signature: _____
(Parents must sign for minors)

Printed Name: _____

Date: _____