

AquaCamps

Kids Camps at the Vancouver Aquarium

Registration instructions:

Step 1 – Fill out the following information and sign the waiver on page 3.

Step 2 – Fax, email, or mail the completed forms to:

Booking Office, Vancouver Aquarium, PO Box 3232, Vancouver, BC, V6B 3X8

Fax 604.659.3515 Email programs@vanaqua.org

Step 3 – Receive confirmation of your registration via email.

If you have questions regarding the registration process, please email programs@vanaqua.org or phone 604.659.3552.

Parent / Guardian Information

Parent / Guardian Name _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Email _____

Are you an Aquarium Member? Yes No If yes, Membership #: _____

If no, please provide your address below:

Address _____

Child's Basic Information

Child's Full Name _____

Child's Date of Birth (dd/mm/yy) _____ Male Female

I am registering for: Grade 1-2 daycamp Grade 3-5 daycamp

T-shirt Size: Youth S Youth M Youth L

Adult S Adult M Adult L

Medical Information

Please note that all non-BC residents need to provide a photocopy proof of medical coverage.

Care Card Number _____

Allergies _____ Prescriptions _____

Name of Family Doctor _____ Phone _____

Pick-up Information

In addition to the parent/guardian named above, the following individual(s) are authorized to pick-up the above named child:

1. Name _____ Phone _____
Relationship to Child _____
2. Name _____ Phone _____
Relationship to Child _____

Emergency Contacts

Please provide 2 additional emergency contacts for your child. These may be the same individuals authorized to pick-up your child.

1. Name _____ Phone _____
Relationship to Child _____
2. Name _____ Phone _____
Relationship to Child _____

Other

Dietary Restrictions _____

Any phobias or fears related to animals? _____

Any learning disabilities or special needs? _____

(Please note that if your child requires an aide at school, he/she will require an aide for the duration of the daycamp. If this is the case, please also provide the name of the aide who will be accompanying your child.)

Method of Payment: VISA MasterCard AmEx

Name on Card _____

Card Number _____

Expiry Date (mm/yy) _____

Signature _____

FEES & BOOKINGS *No bookings will be made without payment. A confirmation of booking will be emailed to you. If camp is full, we will let you know by phone or email. Cancellations within 14 days of program start date are non-refundable. Fees will apply to any cancellations made prior to 14 days from program start date. The Vancouver Aquarium reserves the right to cancel a camp prior to start date due to low registration—in that event, full refunds will apply.*

PRIVACY POLICY *The Vancouver Aquarium has always maintained the privacy of your personal information. As of January 1, 2004, every private sector organization in British Columbia became subject to provincial privacy legislation in the form of PIPA or Bill 38. As a result we have developed more comprehensive measures to ensure accuracy, safeguards and openness in regards to your personal information.*

**Vancouver Aquarium Marine Science Centre
Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement**

Program: _____ Winter AquaCamp _____ (the "Program")

Program Date: _____ December 21-22, 2009 _____

Participant Name: _____ (the "Participant")

Age of Participant (if under the age of 19): _____

To: Vancouver Aquarium Marine Science Centre (the "Aquarium") and its directors, officers, employees, representatives and agents (collectively called the "Agents").

1. I agree as a precondition to the Participant's participation in the Program and in consideration of the Aquarium allowing the Participant to do so, that I will strictly be bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (the "Agreement").
2. I acknowledge that accidents can occur with or without any fault on the part of the Participant, the Aquarium or the Agents and that participation in the Program is at the Participant's own risk.
3. In the event of any accident or illness affecting the Participant, I authorize the Aquarium and the Agents to authorize, on my behalf, all procedures, including admission to hospital and any necessary treatment therein deemed essential for the care and well being of the Participant. Such action is only to be taken when immediate authorization from the undersigned cannot be obtained. It is understood that the Aquarium and the Agents are not responsible for any medical care costs.
4. I understand and fully accept that the Aquarium reserves the right, at any time, to refuse, without penalty or any obligation to refund any amount paid, continued participation in the Program by any person who at the sole discretion of the Aquarium becomes a hazard to themselves, other Program participants, Aquarium staff or animals.
5. I hereby waive any and all claims which I may have against the Aquarium and the Agents and release and indemnify the Aquarium and the Agents from any and all liability for injury, death, property damage or any other loss sustained by the Participant or the Participant's next of kin as a result of participation in the Program, due to any cause whatsoever, including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care by the Aquarium or the Agents.
6. I acknowledge and agree that this Agreement limits the liability of the Agents to the same extent as it limits the liability of the Aquarium, even though the Agents are not formal parties to this Agreement.

I have read this Agreement and understand that it contains a promise not to sue the Aquarium or the Agents and that it constitutes a release of liability and an indemnity for all claims. If the Participant is under the age of nineteen, I confirm that I am his or her parent or guardian and that I have executed the Agreement on behalf of the Participant.

This Agreement will be binding on myself or my child or ward, as the case may be, and our respective representatives, heirs and assigns.

Signature of Participant or Parent/Guardian

Print Name

Date

**Vancouver Aquarium Marine Science Centre
Release of Photographic and Video Images**

To: Vancouver Aquarium Marine Science Centre (the "Aquarium") and its directors, officers, employees, representatives and agents (collectively called the "Agents").

1. I hereby assign and transfer to the Aquarium and the Agents, all rights, title and interest whatsoever which I have in the photographs, motion picture, sound recordings or video footage which the Aquarium or the Agents have taken of me or my child or ward (the "Participant").
2. I consent to the use by the Aquarium and its assigns of the images, motion picture, sound recording or video footage for all purposes whatsoever, including, without limitation, for television, publication and any trade, advertising usage or stock sales, in perpetuity, world wide.
3. I agree that all photographs, motion picture, sound recordings or video footage of the Participant, and all duplicates thereof, are the exclusive property of the Aquarium, and that the Aquarium may dispose of all or any of them in any manner whatsoever, without any accountability to me.
4. I hereby release the Aquarium and the Agents from all actions, debts, accounts, claims, contracts and demands whatsoever, including, without limitation, any claim of my moral rights, which I or my heirs may have at any time as a result of the images, motion pictures, sound recordings or video footage, referenced to above, and any matter that may arise out of or in connection with the subject matter of this release.

I have read this Agreement and understand that it contains a promise not to sue the Aquarium or the Agents and that it constitutes a release of liability and an indemnity for all claims. If the Participant is under the age of nineteen, I confirm that I am his or her parent or guardian and that I have executed the Agreement on behalf of the Participant.

This Agreement will be binding on myself or my child or ward, as the case may be, and our respective personal representatives, heirs and assigns.

Signature of Participant* (for Participants under
19 years of age, parent or guardian must sign)

Date