Program Release Waiver

Oregon Coast Aquarium, Inc.

I hereby give consent and permission for myself to participate in the Oregon Coast Aquarium's

Educational Sleepover

On behalf of **myself,** I hereby release the Oregon Coast Aquarium Inc. officers and its employees from any claims which I, or my representatives might have for injuries or damage resulting from failure to obey and cooperate as instructed, or as a result of the risks and dangers involved in this activity.

In the event that I (or participant) need medical treatment, I hereby consent and authorize the accompanying representative of the Oregon Coast Aquarium, Inc. to permit treatment. I agree to be responsible for the cost of any medical services and to indemnify the Oregon Coast Aquarium Inc. for such expenses.

I do not have any physical or mental conditions which would restrict or prevent me (or participant) from participating in the scheduled activity, or which would increase the risk of harm with the exceptions listed below.

Please Check One: ____ Adult ____Child/Student

Name _____
Address _____
City, State, Zip _____

In case of emergency, the name and phone number of a **second party** who could respond. Please indicate each person's relationship to you.

	Name	**Phone**	**Relationship**
1.			
2.			

Allergies _____

Special medications _____

Printed name of participant **Signature of participant or guardian** **Date**

The Oregon Coast Aquarium, a non-profit marine exhibition facility, reserves the right to use photographs of visitors taken on or off our property for self-promotion purposes.