

Sleep with the Sharks 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:

_____ I hereby release the Oregon Coast Aquarium officers and its employees from any claims which I 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 my I / the child needs medical treatment, I hereby consent and authorize the accompanying representative of the Oregon Coast Aquarium to permit treatment. I agree to be responsible for the cost of any medical services and to indemnify the Oregon Coast Aquarium for such expenses.

_____ I hereby authorize Oregon Coast Aquarium personnel to photograph / video myself / the child for the purposes of education and promotion of Aquarium programs. I understand that these images may be used in a variety of ways, including videos, publications and websites. (By not initialing, you REVOKE consent.)

_____ 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.

Non-Discrimination Policy: The Oregon Coast Aquarium is proud of our diverse and inclusive programs. Consistent with our corporate non-discrimination policy and applicable laws, OCAq 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.



**OREGON COAST
AQUARIUM
NEWPORT**

Signature: _____
(Parents must sign for minors.)

Printed Name: _____

Date: _____

Sleep with the Sharks Personal & Medical Information

Please use a separate form for each participant. This form is confidential.

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

Parent/Guardian Name (minors only): _____

EMERGENCY CONTACTS:

In case of 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 Oregon Coast 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: _____