



Program Release Waiver

On behalf of the participants listed below, I hereby release the South Carolina Aquarium 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 risk and dangers involved in this activity.

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

I, and participants listed below, do not have any physical or mental conditions that would restrict or prevent all participating in the scheduled activity, or which would increase the risk of harm with the exceptions listed below.

Please Print:

Guardian's Name(s) _____

Participant's Name(s) _____

Allergies: _____

Special Medications: _____

In case of an emergency, please contact the following second party to respond:

<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
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On behalf of the participants listed above, I hereby give consent and permission to participate in the South Carolina Aquarium's Sleepover:

_____	_____	_____
Printed Name of Guardian	Signature of Guardian	Date

_____	_____
Medical Insurance Company Name	Medical Insurance Policy Number

The South Carolina Aquarium, a non-profit organization, reserves the right to use photographs of visitors taken on our property for promotional purposes.

Please sign and return this form upon program arrival