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**HALLOWEEN HUNT AT BAMZ**

Name of Attendee(s) \_\_\_\_\_

Wild Encounter	Date	Number Attending	Ages	Cost
<b>HALLOWEEN HUNT AT BAMZ</b> <i>Sunday, 30th October. 1-4pm</i> <i>\$30 Members. \$35 Non-members</i> Explore BAMZ dressed in your Halloween costume!  Hunt for Halloween games, solve riddles, create a Halloween character mobile and meet spooky characters along the paths!  Each participant will receive a goodie bag, drink and snacks.  All ages welcome! Children over 5 years,drop off available or come as a family with the children under 5 years.  Spaces are limited so book early to avoid disappointment.	○ Sun, 30 October			

Parent Name: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PLEASE DO NOT MAIL THIS FORM TO THE AQUARIUM. THE DELAY IN DELIVERY MAY RESULT IN NO SPACES BEING AVAILABLE FOR YOUR CHILD.**

NO SPACE IS CONFIRMED UNTIL PAYMENT HAS BEEN RECEIVED

**Please fax, email or hand deliver this form to the Bermuda Aquarium, Museum & Zoo (Fax 293-4800)**

**For further information call 293-2727 Ext. 2133 or email [activities.bzs@gov.bm](mailto:activities.bzs@gov.bm)**

**BZS ACCEPTS NO RESPONSIBILITY FOR ANY INJURY OR LOSS INCURRED AT ANY OF THESE ACTIVITIES.**

**Please note: An Encounter will be automatically cancelled if it has not reached the minimum number of six (6) bookings by the required booking date. There will be no refunds for cancellations unless the encounter is cancelled by the BZS. You will be notified by telephone or email of cancellations.**

**METHOD OF PAYMENT:**     ☐ Cash                      ☐ Credit Card                      **NO CHEQUES**

**IF PAYING BY DEBIT/CREDIT CARD, PLEASE COMPLETE THE FORM BELOW**

Card Holder's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Total Cost: \_\_\_\_\_ Debit/Credit Card: ☐ Mastercard     ☐ Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ BZS Membership #: \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, understand that any activity that I take part in through the Bermuda Zoological Society (BZS) is at my own risk.

I acknowledge that the BZS will be under no liability whatsoever to the undersigned. I waive all claims (including negligence claims) against and indemnify BZS for any injury or loss sustained (whether resulting from negligence or otherwise) as result of my taking part in any activity of the BZS.

I understand that certain activities such as swimming and snorkeling carry inherent risks and require a level of physical fitness. I hereby acknowledge that I am in adequate physical condition to safely participate.

I understand that this waiver and indemnity extends to all members of the BZS, and the executive committee, officers, employees or agents of the BZS and that the waiver is governed by Bermuda law and shall bind the successors and assigns of any person signing this waiver.

In the course of activities, representatives of the BZS, members, non-member participants and staff may take photographs or otherwise record events. These images and recordings are sometimes used to promote the BZS. By signing this waiver you agree to have your own image and voice used for promotional purposes by the BZS.

For persons 18 and above:

Signature

Date

Print Name

**\*If participant is under 18, consent of Parent or Guardian is required.**

I agree and confirm the above on behalf of

Name of Volunteer / Student / Intern

Signature of Parent or Guardian

Signature

Date

Print Name (parent / guardian) delete as applicable