



**SEAWORLD • BUSCH GARDENS**  
**CAMP**

## **TEXAS SLEEPOVER CAMP PARTICIPANT FORMS (MINORS)**

Your child has requested the opportunity to participate in a SeaWorld Camp (also referred to herein as "Sea World camp" or "the Camp"). Please complete, sign, and return the attached forms to the appropriate park at least five weeks before your camp session.

**SeaWorld Texas**  
**ATTN: SeaWorld Sleepover**  
**10500 Sea World Drive**  
**San Antonio, Texas 78251**

- Camper Information, Insurance Information, Medication and Health History (pp.2-3)
- Consent and Release for Medical Treatment (p.4)
- Photo Release (p. 5)
- Release of Liability, Voluntary Assumption of Risk, Indemnity Agreement (pp. 6-7)

The information on these forms will help us provide appropriate care if or when necessary. Adult campers or legal parent/guardian of the camper may complete all information.

Any changes to information on these forms should be given to camp staff upon arrival to camp. Please provide us with complete information so the staff can be aware of all needs.

**CAMPERS CANNOT BEGIN PROGRAM ACTIVITIES**

**UNTIL COMPLETED, SIGNED FORMS ARE ON FILE**

## CAMPER INFORMATION AND HEALTH HISTORY (COMPLETED BY GUARDIAN)

Last Name	First/Middle Name	M/F
Birth date	Age at Camp	Grade Entering in the Fall
Camp date(s)	If Camper is attending with a friend, Name of Friend	
Home address	City	State Zip
Custodial Parent/Guardian	Phone	Mobile Phone ( <i>must be registered in US</i> )
Second Parent/Guardian or Emergency Contact	Phone	Mobile Phone ( <i>must be registered in US</i> )
Emergency Contact (If Above Not Available)	Phone	Relationship to Camper

Is the participant covered by family medical/hospital insurance?     Yes     No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Policyholder insurance ID number \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Does the camper have any **Allergies** (including food, nuts, insect (bee) stings, hay fever, penicillin or other drugs, animal hair/fur etc.), **Asthma Disease** (Hepatitis, Measles, heart disease/defect, epilepsy, diabetes etc.), **Dietary Restrictions** Please list any special needs your camper requires (vegetarian, gluten-free, dairy-free, etc.) or **Other Conditions** (Migraines, nosebleeds, bed-wetting, sleepwalking, behavioral etc.). If so, please explain in the space provided below.

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# CAMPER MEDICATION INFORMATION AND OVER-THE-COUNTER RELEASE (COMPLETED BY GUARDIAN)

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely and/or ordered by a physician (including but not limited to rescue inhalers, epinephrine injectors or Benadryl. **ALL PRESCRIPTION AND OVER THE COUNTER MEDICATION MUST BE IN THE ORIGINAL PACKAGING/BOTTLE that identifies the prescribing physician, the name of prescription medication, the dosage, and the frequency of administration.** Please bring enough medication to last the duration of camp.

Participant takes NO medications (including over-the-counter or nonprescription drugs) on a routine basis and has NO medications prescribed or ordered by a physician.

Participant takes the following medication (including over-the-counter or nonprescription drugs) on a routine basis or has the following medications prescribed or ordered by a physician

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

\_\_\_\_\_

Our Health Services carry several Over-the-Counter (OTC) medications; therefore, OTC need not be sent with camper. Please contact us if you have questions regarding Over-the-Counter Medications.

I, \_\_\_\_\_ hereby give SeaWorld permission to administer the following over-the-counter medications, or suitable generic substitute, to the above participant, if the Medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I hereby certify that my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer. **Please cross through any medications that you do not approve for use with your camper.**

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|---------------------------|---|
| Headache, General Pain    | Tylenol, Ibuprofen                                  |
| Upset Stomach             | Pepto Bismol, Mylanta, Tums                         |
| Diarrhea                  | Imodium AD, Kaopectate                              |
| Menstrual cramps          | Ibuprofen   |
| Poison Ivy                | Calamine Lotion, Cortaid, Caldyphen, or Caladryl    |
| Itching, Hives            | Benadryl  |
| Coughs                    | Robitussin, Cepocol lozenges                        |
| Sinus Headache/Congestion | Dristan Cold, Pseudoephedrine with Tylenol, Sudafed |
| Sunburn                   | Cool Gel or Burn Spray                              |
| Bee sting                 | Stingkill   |
| Cuts or scrapes           | Triple antibiotic ointment                          |
| Sore Lips                 | Blistex   |
| Toothache/ sore gums      | Orajel  |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT AND RELEASE FOR MEDICAL TREATMENT (MINOR)

I, \_\_\_\_\_, individually and/or the parent/guardian of \_\_\_\_\_, a minor, sign this Agreement on behalf of myself and/or my child/ward. In consideration of my and/or child's/ward's attendance and participation at the SeaWorld Adventure Camp and all associated activities and outings (collectively, "the Camp"), I execute this Consent for Medical Treatment (the "Consent") with SEA WORLD OF TEXAS LLC, its parents, subsidiaries, related and affiliated entities, and their officers, members, directors, partners, shareholders, employees, agents, insurers, successors and assigns (collectively, "SEA"). I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward. I represent and agree that I have the legal capacity and authority to act for and on behalf of myself and/or my child/ward.

Beginning on the first day of my or my child/ward's presence at, attendance and/or participation in the Camp and continuing from day to day throughout the time I and/or my child/ward is present at, attends, and/or participates in the Camp, I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to me and/or my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment. **IN CONSIDERATION FOR ME AND/OR CHILD/WARD BEING ALLOWED TO PARTICIPATE IN THE CAMP, I, FOR MYSELF, AND/OR ON BEHALF OF MY CHILD/WARD AND ALL OTHERS ASSERTING RIGHTS BY, THROUGH, UNDER OR ON BEHALF OF ME AND/OR MY CHILD/WARD, DO HEREBY RELEASE, ACQUIT AND HOLD HARMLESS SEA FROM ANY AND ALL CLAIMS AND/OR DAMAGES ARISING FROM OR IN ANY WAY RELATED TO ANY MEDICAL TREATMENT, MEDICATION AND/OR HEALTH CARE ADMINISTERED TO MY CHILD/WARD, INCLUDING THE TIMING AND MANNER IN WHICH ANY SUCH TREATMENT, MEDICATION OR CARE IS ADMINISTERED TO MY CHILD/WARD, REGARDLESS OF WHETHER SUCH CLAIMS AND/OR DAMAGES WERE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR ANY OTHER ACT, OMISSION, FAULT OR CONDUCT OF SEA.** I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge. Concerning my child/ward, I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that I and/or my child/ward am/is in good health and does not have any health or mental / physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for me and/or my child. A copy of this Consent may be used in place of the original.

I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of Texas.

I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Printed Name of Child/Ward: \_\_\_\_\_

Relationship to Child/Ward: \_\_\_\_\_

Name(s) of Parents, Guardian(s) and/or Managing Conservator(s) (if different from person signing this form):

\_\_\_\_\_

# PHOTO RELEASE

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a minor participant, in consideration of being permitted to participate in the SeaWorld Adventure Camps (the "Camp"), do hereby on my own behalf and/or on behalf of the minor participant grant SEA WORLD OF TEXAS LLC, its parent, subsidiaries, all related and affiliated entities, and their officers, directors, members, partners, shareholders, employees, agents, successors and assigns (collectively referred to as "SEA"), the irrevocable right and permission to photograph or otherwise record me or my child/ward in connection with the Camp, and to use any such photograph or recording ("Photograph") for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the Photograph, and acknowledge and agree that the rights granted by this Release are without compensation of any kind.

**I acknowledge and agree that I have no right, title or interest in the Photographs and agree that such Photographs and the copyright therein are the exclusive property of SEA. I hereby release and discharge SEA from any and all claims and demands arising out of or in connection with the use of the Photographs, including but not limited to any and all claims for invasion of privacy or right of publicity.**

I represent and agree that I have the legal capacity and authority to act for and on behalf of myself and/ or for and on behalf of the minor participant. This release shall be binding upon me and/or the minor participant, and my or the minor participant's heirs, executors, representatives, next of kin, beneficiaries, administrators, successors and assigns.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Printed Name of Child/Ward: \_\_\_\_\_

Decline use of Photograph                      Date \_\_\_\_\_

# RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

## (COMPLETED BY GUARDIAN AND CAMPER)

Thank you for participating in the SeaWorld Adventure Camps (hereinafter "Camp"). In consideration of and as a condition for your participation or the participation of your child/ward in the Camp, you hereby accept the following terms and voluntarily enter into this Release of Liability and Indemnity Agreement ("Agreement"). Please carefully read and consider the terms of this Agreement. Sign in the space at the end to indicate your understanding and acceptance of such terms and your entry into the Agreement on behalf of yourself and/or your child/ward.

1. I, \_\_\_\_\_, individually or as parent/natural guardian of \_\_\_\_\_ a minor, sign this Agreement on behalf of myself and my child/ward and all others asserting rights by, through, under or on behalf of me and/or my child/ward. I acknowledge receipt of written materials and instructions relating to the Camp and assert that I have had an opportunity, prior to enrolling myself and/or my child/ward in the Camp, to review these materials which include but are not limited to: **Sleepover Confirmation Packet**. As a condition of the attendance and participation by me and/or my child/ward at the Camp, I agree that I and/or my child/ward will abide by the policies of the Camp and instructions of Camp staff. I understand that the Camp has the right to refuse or remove any participant who fails to obey such policies or instructions.
2. If signing on behalf of a child or ward, I acknowledge that I am the natural parent (biological or adoptive) of the child/ward and that I also have legal custody of the child/ward and that I have the authority to enter into this Agreement on behalf of my child/ward.
3. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that I and/or my child/ward is/are in good health and does/do not have any health or mental / physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for myself or my child/ward, the animals at the Camp, or other participants. I further certify that I and/or my child/ward does/do not currently have upper respiratory disease, including asthma or illness (e.g., colds, flu, etc.), I and/or my child/ward is/am not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and that I and/or my child/ward does/do not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.
4. I understand that attendance and participation at the Camp may include riding roller coasters and other theme park rides and activities which may involve high speeds and exposure to certain gravity forces, swimming, snorkeling, kayaking, zip lines, rope climbs, play areas, ball games, carrying heavy equipment, continuous walking, vehicle transportation to and from activities, being in proximity of or interacting with, feeding and coming in physical contact with birds, reptiles, and primates, large felines, manatees, whales, dolphins, and other land or marine animals. I understand that there are inherent **RISKS** involved in these activities, including but not limited to scrapes, bites, cuts, bruises and/or more serious injuries or illnesses such as bodily injury, even death. I and/or my child/ward have voluntarily enrolled in the Camp and agree to ASSUME ALL RISKS, known and unknown, of personal injuries, possible death and damage to or loss of property stemming from attendance and participation at the Camp, transportation to and from the Camp or Camp activities, and presence at the camp site, the site of any Camp activities, or at any location while attending the Camp.
5. I agree to RELEASE SEA WORLD OF TEXAS LLC, its parents, all subsidiaries, related and affiliated companies, and their officers, members, directors, shareholders, employees, agents, successor and assigns including but not limited to Sea World Parks & Entertainment, Inc. (the "Released Parties") from any and all claims, losses, demands, damages, expenses, lawsuits, causes of action and judgments, whether foreseen or unforeseen, known or unknown, present or future, resulting from, arising out of or in any way connected with my and/or child/ward's participation in the Camp including but not limited to, any

**claims for personal injuries, including death, illnesses and/or damage to or loss of personal property, EVEN IF CAUSED IN WHOLE OR IN PART BY THE PRESENT OR FUTURE NEGLIGENCE, FAULT, STRICT PRODUCT LIABILITY, BREACH OF CONTRACT OR OTHER ACT, CONDUCT OR STATUS OF ANY OF THE RELEASED PARTIES.**

6. I further agree to INDEMNIFY AND DEFEND THE RELEASED PARTIES from and against any claims, actions, damages, demands, costs, expenses (including attorneys' fees) or lawsuits, whether foreseen or unforeseen, present or future, known or unknown, that I, my child/ward, or any other parent/guardian of my child/ward may have or assert as arising from attendance or participation (or the refusal of permission to attend or participate) at the Camp, **EVEN IF CAUSED IN WHOLE OR IN PART BY THE PRESENT OR FUTURE NEGLIGENCE, FAULT, STRICT PRODUCT LIABILITY, BREACH OF CONTRACT OR OTHER ACT, CONDUCT OR STATUS OF ANY OF THE RELEASED PARTIES.** I understand and agree that this indemnity obligation includes any claims, actions, damages or lawsuits brought by or on behalf of my child/ward, including those for personal injuries, illness or damage to or loss of property arising from attendance or participation (or refusal of permission to attend or participate) at the Camp.
7. I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision.
8. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of Texas and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a court of competent jurisdiction in Texas.
9. I agree that this Release shall be binding upon my and/or child/ward's family members, heirs and all others asserting rights, by through, under or on behalf of me and/or my child/ward.

I AM OF AT LEAST 18 YEARS OF AGE, AM OF SOUND MIND, HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND VOLUNTARILY AGREE TO ITS TERMS.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Printed Name of Child/Ward: \_\_\_\_\_

Address of Guardian: \_\_\_\_\_