

SeaWorld/Busch Gardens Adventure Camps

Sleepover Health History Form

The information on this form will help us in providing appropriate care if or when necessary. Adult campers or legal parent/guardian of the camper may fill in all information. Any changes to information on this form should be given to camp staff upon arrival at camp. Please provide us with complete information so the staff can be aware of all needs.

CAMPERS CANNOT START PROGRAM ACTIVITIES UNTIL A COMPLETED HEALTH HISTORY FORM IS ON FILE

Gender: Male Female

Registrant's name: _____

Date of Birth: _____ Age at Time of Sleepover: _____

Emergency contact: _____ Phone: _____

Mobile phone: _____ *phone number must be registered in USA*

2nd emergency contact: _____ Phone: _____

Family physician: _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

Carrier: _____

Policy/Group #: _____

Past operations/serious illnesses (with dates): _____

Current or chronic illness/medical condition: _____

Current medications (send with doctor's instructions): _____

Allergies: _____

Parent or Guardian certification that all immunizations, including tetanus vaccination or booster are current: _____ **Please Initial** _____

Dietary restrictions _____ **Other restrictions** _____

Was the camper exposed to any communicable diseases within the last two (2) weeks, or two weeks prior to Sleepover session? Yes No

Over-the-Counter Medications Release

I, _____ hereby give SeaWorld/Busch Gardens Adventure Camps 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.

- | | |
|---------------------------|---|
| Headache | Tylenol |
| Upset Stomach | Pepto Bismol, Mylanta, Tums, or similar medication |
| Diarrhea | Imodium AD, Kaopectate |
| Menstrual cramps | Ibuprofen |
| Poison Ivy | Calamine Lotion, Cortaid, Caldyphen, or Caladryl |
| Itching, Hives | Benadryl |
| Coughs | Robitussin, Cepocol lozenges or cough drops |
| 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 or similar lip balm |

Parent/Guardian Signature _____ Date _____

CONSENT AND RELEASE FOR MEDICAL TREATMENT

I, _____, an adult participant, or the parent/legal guardian of _____, a minor participant, in consideration of being permitted to participate in the 2006-2007 Busch Entertainment Adventure Camps (the "Camp"), do hereby on my own behalf or on behalf of the minor participant, execute this Consent and Release for Medical Treatment (the "Consent") with BUSCH ENTERTAINMENT CORPORATION, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns (collectively, the "Released Parties"). I understand and agree that this Consent shall be binding on me and/or the minor participant, and my or the minor participant's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns. I represent and agree that I have the legal capacity and authority to act for and on behalf of myself or for and on behalf of the minor participant. I hereby agree to **release, waive and forever discharge** and to **indemnify, defend and hold harmless** the Released Parties from any and all claims, costs, expenses (including attorneys' fees), liabilities and damages, including but not limited to personal injuries or death, whether foreseen or unforeseen, present or future, known or unknown, as a result of, related to or arising out of (1) any insufficiency of my legal capacity or authority to act for and on behalf of myself or the minor participant in the execution of this Consent, (2) any treatment or failure to treat me or the minor participant by any Medical Provider as hereinafter defined, and/or (3) the disclosure of any medical information or records for use in the medical treatment of myself or the minor participant. This Consent is intended to be as broad and inclusive as permitted by law, and if any portion thereof is held invalid the balance shall continue in full legal force and effect. **IT IS THE INTENTION OF THE UNDERSIGNED, BY SIGNING THIS CONSENT AND RELEASE, TO EXEMPT, RELIEVE, RELEASE, WAIVE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY ARISING OUT OF THE PROVISION OR FAILURE TO PROVIDE MEDICAL CARE, OR ARISING OUT OF THE DISCLOSURE OF MEDICAL INFORMATION OR RECORDS, REGARDLESS OF WHETHER SAME MAY HAVE BEEN CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**

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 or the minor participant for any injury and/or condition that occurs, manifests or arises at any Camp or which occurs, manifests, arises out of or relates to any Camp activities or related activities. 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 possibility of complications and unforeseen consequences in any medical treatment, and **I knowingly and voluntarily agree to assume any such risk** for and on behalf of myself and/or said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that the health history given as part of my or the minor participant's registration is correct to the best of my knowledge and that I am or the minor participant is capable of engaging in camp activities except as otherwise noted on the health history form. A copy of this Consent may be used in place of the original.

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



Signature of PARTICIPANT



Signature of PARENT OR LEGAL GUARDIAN
(if PARTICIPANT is under 18 years of age)



Name of PARTICIPANT



Print Name of PARENT OR LEGAL GUARDIAN

Address

Address

City and State

City and State

Date

Date

SEA WORLD/BUSCH GARDENS ADVENTURE CAMPS
PARTICIPANT RELEASE

Program Date: _____

Group Name: _____

Thank you for participating in the 2006/2007 Busch Entertainment Adventure Camps (the "Camp"). In consideration of and as a condition of you or your child's/ward's participation, please carefully read and sign this Participant Release ("Release"). I, _____, participant, or parent/legal guardian of _____, a minor participant, sign this Release on my own behalf or my child's/ward's behalf. As a condition of my or my child's/ward's attendance at and participation in the Camp, I agree that I or my child/ward will abide by the rules and instructions of the camp. I acknowledge and agree that if I or my child/ward fails to follow the rules or instructions, I or he/she will be removed from the Camp.

I acknowledge and agree that my or my child's/ward's attendance at and participation in the Camp and related activities may subject me or him/her to risk of personal injury, including death, and/or damage to property. I represent that I have voluntarily enrolled myself or my child/ward for attendance at and participation in the Camp and assume all risks in relation to the Camp and any related activities. I hereby covenant and agree that Busch Entertainment Corporation, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns (the "Released Parties") shall not be liable for any damages including, without limitation, compensatory, punitive and exemplary damages, pain and suffering, and damage to property which may in any way result from or arise out of my or my child's/ward's attendance at and participation in the Camp. On my own behalf, or on behalf of my child/ward, and on behalf of my or my child's/ward's heirs, executors and administrators, I hereby fully RELEASE, DISCHARGE, ACQUIT AND FOREVER HOLD HARMLESS AND COVENANT NOT TO SUE any of the Released Parties for any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my or my child's/ward's attendance at and participation in the Camp or any related activities, regardless of whether such claims or damages are founded in whole or in part upon the alleged negligence of the Released Parties.

I understand that this Release includes any claims based on the negligence, actions, or inactions of any of the above Released Parties and covers bodily injury, including death, and property damage, whether suffered by me or my child/ward, before, during, or after such participation.

I certify that I am or my child/ward is in good health and there are no physical conditions that would prevent me or my child/ward from attending or participating in the Camp. I further certify that I do not or my child/ward does not currently have upper respiratory disease or illness (e.g., colds, flu, etc.), I am not or my child/ward is not on medication that suppresses immune function or have possible side effects that would interfere with the Camp, and I do not or my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

I acknowledge and agree that my child's/ward's attendance at and participation in the Camp may include the following activities: riding roller coasters and other theme park rides which may involve high speeds and zero gravity; swimming, snorkeling and kayaking; carrying heavy equipment; continuous walking; and being near, interacting with, feeding, touching and/or brushing certain birds, reptiles, and other land and/or marine animals, including but not limited to horses, primates, killer whales and dolphins. I understand that there are risks and dangers involved in such activities, including, but not limited to, being physically close to certain birds, reptiles and other animals, and that there are intrinsic dangers with equine activities, and that these risks and dangers include but are not limited to being bitten and suffering severe personal injuries and possible death.

I acknowledge and agree that I or my child/ward may be transported by the Released Parties to and from the Camp for various activities and that I, on behalf of myself or on behalf of my child/ward, agree to assume all risks in relation to such transportation.


I acknowledge and agree that this Release is intended to be as broad and inclusive as permitted by law, and if any provision or part of this Release shall be determined to be void by any court of competent jurisdiction, then such determination shall not affect any other provision or part of this Release and if any provision or part of this Release is capable of two constructions, one of which would render the provision or part void and the other of which would render the provision or part valid, then the provision or part shall have the meaning which renders it valid.

I acknowledge and agree that this Release shall be interpreted in accordance with the laws of the State of Florida.

I acknowledge and agree that the terms and conditions contained in this Release shall be binding upon me and/or my child/ward, and my or my child's/ward's family members, representatives, executors, heirs, next of kin, successors, beneficiaries, assigns and personal representatives.

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

 _____
Signature of PARTICIPANT

 _____
Signature of PARENT OR LEGAL GUARDIAN
(if PARTICIPANT is under 18 years of age)

 _____
Name of PARTICIPANT

 _____
Name of PARENT OR LEGAL GUARDIAN
(Please Print)

Address

Address

City and State

City and State

Date

Date