Education & Conservation Department

Thank you for choosing SeaWorld Orlando for your Girl Scout Jamboree!

We are excited that you and your Girl Scouts are attending and we look forward to hosting your troop. Take this time to review your receipt to ensure all program information and participant numbers are accurate.

Enclosed you will find important sleepover information including:

- A "Frequently Asked Questions" section containing important information for you and your troop about your upcoming Girl Scout Jamboree sleepover program.
- Payment Information
- Participant Count Sheet
- Health History forms and releases. Please make copies and distribute to your participants; **ALL PARTICIPANTS INCLUDING ADULTS MUST TURN IN A COMPLETED PACKET BEFORE YOUR PROGRAM CAN BEGIN.**

If you have any questions about your sleepover or about any of the information included in this packet, please call our Education Programs management team at 1-800-788-1165 (option 1) or email us at swfedprograms@seaworld.com **.**

To make changes or adjustments to your reservation, please call 1-800-406-2244 or send an email to OCC-Education@seaworld.com

We would like to invite you to take a few minutes after your sleepover program to give us your feedback by visiting SeaWorld.com/fieldtripsurvey.

FREQUENTLY ASKED QUESTIONS

Please share the important information in this "Frequently Asked Questions" section with your troop leaders and chaperones prior to your visit. We welcome you to contact us if you have any questions about your reservation or any of the following information.

What does the Girl Scout Jamboree sleepover include?

- Your sleepover includes an opportunity to sleep at one of SeaWorld's amazing animal exhibits.
- Pizza dinner and a continental breakfast.
- Fun and interactive educational activities appropriate to the grade level of your troop. *SeaWorld's sleepovers are specifically designed for students in grades 2nd – 12th. Students of other grade levels are not recommended. Infants and toddlers will not be admitted due to the nature of the program. Groups of mixed grade levels will be taught at a level appropriate to the majority of the students.*
- Your sleepover also includes park entry for all sleepover participants on the day after your program.

What should I pack?

To help your troop prepare, please share this packing list with them:

- ❑ Sleeping bag and pillow. SeaWorld provides sleeping mats at all sleepover venues.
- ❑ *Optional:* Air mattresses & cots are permitted, but please note that space is limited. Air mattresses should be no larger than twin size and preferably self-inflating, as access to outlets cannot be guaranteed. Participants are responsible for the inflation and care of their mattress.
- ❑ Toothbrush, toothpaste, washcloth, hand towel, and any other necessary toiletries (there are no shower facilities).
- ❑ Any needed medication.
- ❑ Warm pajamas and a complete change of clothes for the next day. *Note: The weather can be unpredictable in Orlando and temperatures in the sleeping venues can vary, so layers are recommended.*
- ❑ Comfortable, closed toed shoes. There is a great deal of walking throughout the program. Some surfaces might be wet, so sandals, flip-flops etc. are not recommended.
- ❑ Light jacket/sweatshirt
- ❑ Umbrella and/or a raincoat
- ❑ SWAPS are part of the Girl Scout Jamboree program. If you would like to participate, we recommend bringing at least 10 SWAPS per scout.
- ❑ Camera (Electronics such as iPads/iPods, handheld games, etc. are not recommended) ***SeaWorld is not responsible for lost or stolen items.***
- ❑ **Troop leader(s):** If you have not already submitted your health history forms, please remember to bring completed forms for all adults and children attending the sleepover on the night of your program.

Please keep in mind that you will be responsible for the storage of your group's belongings during your free time in the park after your sleepover program. All bags entering the park are subject to search.

When/Where do I arrive?

- Please plan to arrive at the Education Programs Entrance for your sleepover program between 5:45 – 6:00 PM. Your program will start promptly at 6:00 PM. Please keep in mind that if you are late, you will miss a portion of your program. Early arrivals cannot be accommodated.
- All sleepover participants will be entering through the Education Programs Entrance. Enter SeaWorld's parking lot through the main entrance located on Central Florida Parkway. Enter the "Education" parking by passing through the main toll plaza and taking the first right immediately after the toll plaza. Follow the traffic cones to the back of the "Education" parking lot. Buses are not charged to enter the parking lot through the toll plaza**;** however individual vehicles (cars, vans, trucks) will be assessed a parking fee.
- SeaWorld recommends carpooling or otherwise consolidating your transportation to reduce the amount of parking fees. **SeaWorld does not provide complimentary parking for sleepover vehicles.** Parking fees are non-refundable.

What will we have to eat?

- Cheese and pepperoni pizza along with water, PowerAde and Sprite will be served at approximately 8:15 pm. An ice cream snack is available for dessert.
- Breakfast is continental style, with assorted cereals, muffins, fruit and juice.
- Specialized meals are **not** available. If you or someone in your group has an allergy or aversion to the food provided on the sleepover program, you may bring your own food. We recommend lunchbox-size soft coolers or disposable containers. Large hard-sided coolers are not permitted in the park. Refrigeration and microwaves are not available.
- If you are bringing food for your group please keep in mind that food items and beverages other than water may not be consumed inside the sleeping venues.

For the safety of our guests and animals, glass bottles, straws, and drink lids are not permitted in the park. Alcoholic beverages are not allowed under any circumstances.

Where will we sleep?

- The possible venues available are Beluga, Dolphin, Coral Reef, Manta, Manatee, Turtle and Penguin. Each venue is unique, with its own perspective on the animals. All venues are air conditioned. Restroom facilities are available within a short walking distance of all sleeping venues, but shower facilities are NOT available.
- The Education team members assigned to your program will remain with your group throughout the evening. As a reminder, SeaWorld employs both male and female Education team members to supervise sleepovers. All of SeaWorld Education team members submit to regular fingerprinting, drug testing and background checks covering the entire United States.

Please be aware that the visibility of animals at any venue can vary depending on animal behavior, season, and animal husbandry requirements. Lighting patterns in the venues are established to meet the animals' needs and cannot be adjusted for sleepover programs.

What will we do the next day?

- Your sleepover concludes at approximately 9:00 am. After breakfast and morning activities, your group will be escorted back to your personal vehicles or your bus to store your sleepover gear. **Buses should plan to return by 8:45 AM the morning after the sleepover to collect the group's sleepover belongings.**
- Once the entire group is ready, your educators will escort the whole group back into the park and release you to enjoy free time for the day. At the end of your day in the park, please exit through SeaWorld's Main Gate (located at the front entrance to the park) to return to your vehicle(s).
- Additional guests or family members who wish to join the group for their day in the park should plan to purchase a general admission park ticket online at SeaWorldOrlando.com or onsite at SeaWorld's Main Gate. Please arrange ahead of time to meet any additional guests in the park once your sleepover program is concluded.

Are male chaperones and siblings allowed to attend the Girl Scout Jamboree?

Male chaperones and siblings are not permitted to attend. Due to the nature of this event, separate sleeping areas for male participants are not available.

What else should I know?

- SeaWorld's educational sleepovers are committed to being drug and alcohol free environments. The use of alcohol or drugs of any kind is not permitted during your sleepover program. Persons under the influence of controlled substances or alcohol or in possession of the same are prohibited from participation in the sleepover and at the discretion of SeaWorld may be asked to leave the premises. All participants are expected to comply with instructions and safety guidelines given by the Education Team members who are leading the sleepover.

Sample Jamboree Schedule

5:45 – 6:00 PM …….Arrival and check-in

6:30 – 9:45 PM …….Educational Activities/SWAPS/ Jamboree Flag Ceremony

8:15 PM …….Pizza Dinner

10:45 PM – midnight*…….Bedtime

6:00 – 6:30 AM ……Wake-up and pack-up

6:30 – 8:30 AM ……Educational Activities/ Jamboree Closing Ceremony

7:15 AM ……..Continental Breakfast

8:45 AM ……..Load sleepover belongings onto bus or into personal vehicles

9:00 AM ……..Play all day at SeaWorld

**This schedule is an example. Times vary according to park hours and activities. Please note that depending on park events and hours, bedtime may be as late as midnight.*

Important Payment Information

Payment Options and Information for Full Payment:
To calculate your full payment, please complete the Participant Count Sheet (following page). For full payment you may use a check or money order made out to SeaWorld Education Department, or a credit card. All checks must have a printed street address and phone number; PO Boxes are not acceptable. Personal checks MUST include a Driver's License number. **Starter or other non-imprinted checks, cash and/or Purchase Orders WILL NOT be accepted for payment.**

Full Payment BY MAIL
Full payment for your sleepover program must be received no later than 4 weeks prior to your program start date or your program will be subject to cancellation. Please include a completed Participant Count Sheet with your payment (credit card authorization form or check) in the same envelope. To make sure your payment is received 4 weeks before your program date, please mail it at least 2 weeks prior to your "full payment" due date.

Please include your confirmation number and the date of your program with your payment. Mail payment to:

SeaWorld Education Department
7007 SeaWorld Drive
Orlando, FL 32821

BY PHONE
You may pay by phone with a credit card by calling 1-800-406-2244. Please make sure you have your updated participant counts and your confirmation number ready before calling.

BY FAX
For credit card payments, fax a copy of the credit card authorization form to 407-370-1720.

PREPAYMENT ON-SITE
Prepayments for sleepovers are accepted on Wednesdays from 1-4 p.m. (appointment required except for February – May). Bring the completed Participant Count Sheet and your payment. Payment can be made using check, credit card or money order. **We cannot accept cash, purchase orders or starter checks.** Please call 1-800-406-2244 by 3 PM on Tuesday to arrange an appointment at the Education Programs Entrance the following Wednesday afternoon.

Sleepover Participant Count Sheet

Confirmation Number: _____ Program Date: _____

Troop Number: _____

Please use this worksheet to help you determine the total cost of your program. **We must receive full payment no later than 4 weeks prior to your program date.** Please return this form with your payment.

Scouts at Regular Rate	_____	$98.00 each	$_____
Free Chaperones (1 for every 10 paid scouts)	_____	No Cost	
Additional Chaperones	_____	$98.00 each	$_____
		Total Cost	$_____
		Less Deposit	$_____
		Total Due	$_____

<u>Important information for filling out your Participant Count Sheet</u>:

- Free chaperone numbers are determined by the number of scouts actually attending the program, not by the number of scouts on your reservation. If your attendance changes on the day of your program, your chaperone ratios will also change.
- All adults attending your program, including leaders are included in your total number of chaperones. The total number of chaperones may not exceed the total number of scouts attending the sleepover program.
- Full payment is due 4 weeks prior to program date. Acceptable payment forms include check, money order, cashier's check, and credit card. If paying with a personal check, a valid driver's license number and phone number must be printed or written on the check. Starter or other non-imprinted checks WILL NOT be accepted. We cannot accept cash payments or purchase orders for sleepover programs.

CREDIT CARD AUTHORIZATION

I, _____, authorize the Education & Conservation Department at

SeaWorld Orlando to charge my credit card:

Amount _____

Program _____

Credit Card Type _____

Credit Card Number _____

Expiration Date _____

Name on credit card _____

Troop Number _____

Confirmation/Order # _____ Date of visit _____

Please provide an e-mail address. We will send you a confirmation receipt once your payment has been processed:

_____

Please fax to 407-370-1720.

If you have any questions please call 1-800-406-2244. Thank you.

SeaWorld Orlando Education & Conservation Department 7007 SeaWorld Drive Orlando FL 32821

Orlando

Dear Sleepover Guests,

SeaWorld Orlando would like to thank you for participating in our sleepover programs.

At SeaWorld, the safety and quality of our education programs is something we take very seriously. Please be advised that qualified medical personnel will be onsite during your entire program to respond to any needs you or your group might have.

As a condition of participation, and to allow us to best serve you should the need arise, we require that each participant have a completed Health History and Release form on file. Forms are to be submitted upon your arrival at the park for your sleepover program. The forms will be collected during the check-in process immediately before your program. PLEASE MAKE A COPY OF THE ATTACHED FORM FOR THE PARENTS/GUARDIANS TO FILL OUT FOR EACH CHILD (MINOR) PARTICIPANT.

PLEASE BE ADVISED THAT WE WILL NOT BE ABLE TO BEGIN YOUR PROGRAM UNTIL A FULLY COMPLETED FORM HAS BEEN SUBMITTED FOR EACH PERSON IN YOUR GROUP.

If you have any questions about these forms, please contact a member of our management team at 1-800-788-1165 (option 1) or swfedprograms@seaworld.com.

Thank you very much; we look forward to seeing you at SeaWorld!

Troop # _____ Confirmation # _____

MINOR PARTICIPANT SLEEPOVER HEALTH HISTORY (COMPLETED BY PARENT/GUARDIAN)

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

_____

Participant's Name Date of birth Age at time of sleepover

_____

Custodial Parent/Guardian Phone Mobile Phone *(must be registered in US)*

_____

Second Parent/Guardian or Emergency Contact Phone Mobile Phone *(must be registered in US)*

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

If so, indicate carrier or plan name _____ Group # _____

Vaccines		**Status**		
DTP, TD	Up to date	☐ Yes	☐ No	
Tetanus	Up to date	☐ Yes	☐ No	Date Given: _____
Polio	Up to date	☐ Yes	☐ No	
Measles, Mumps, Rubella (MMR)	Up to date	☐ Yes	☐ No	

Does the participant have any of the following? If so, please explain in the space provided.

Allergies (including food, nuts, insect (bee) stings, hay fever, asthma, penicillin or other drugs, animal hair/fur etc.)? _____

Disease (Hepatitis, Measles, heart disease/defect, epilepsy, diabetes etc.)? _____

Dietary Restrictions Please list any special needs your camper requires _____

Other Conditions (Migraines, nosebleeds, bed-wetting, sleepwalking, behavioral etc.) _____

OVER-THE-COUNTER MEDICATIONS RELEASE

I,_____ hereby give Sea World permission to administer the following over-the-counter medications, or suitable generic substitute, to the above child, 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 child.**

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_____

Troop # _____ Confirmation # _____

MEDICAL CONSENT AND ASSUMPTION OF RISK

1. Beginning on the first day of my or my child/ward's presence and attendance at and/or participation in the SeaWorld/Busch Gardens Adventure Camps and all associated activities and outings including, but not limited to, transportation to and from the Camp (collectively, "the Camp") and continuing from day to day throughout the time 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 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.

2. I authorize Sea World of Florida LLC, its parent, all subsidiaries, related and affiliated entities, including but not limited to, SeaWorld Parks & Entertainment, Inc. and SeaWorld Parks & Entertainment LLC, and all their officers, directors, members, partners, shareholders, employees, agents, insurers, successors and assigns ("SEA") to share medical information related to my child/ward with any Medical Provider providing medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.

3. I execute this Medical Consent and Assumption of Risk (the "Consent") with 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.

4. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment and I, individually and as parent/natural guardian of my child/ward, a minor, sign this Agreement on behalf of my child/ward. 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.

5. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that my child/ward 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 my child/ward, the animals at the Camp, or other campers. I further certify that my child/ward does not currently have upper respiratory disease or illness (including but not limited to asthma, colds, flu, etc.), is not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and that my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

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

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 _____

Troop # _____ Confirmation # _____

PHOTO RELEASE, LIABILITY RELEASE AND VOLUNTARY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

(COMPLETED BY PARENT/GUARDIAN)

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 your child/ward.

1. In consideration of my child's/ward's presence and attendance at and participation in the SeaWorld/Busch Gardens Adventure Camps and all associated activities and outings including, but not limited to, transportation to and from the Camp (collectively, "the Camp"), I, individually and on behalf of my child/ward, hereby enter into this agreement and accept all of its terms. I represent and agree that I have the legal capacity and authority to act for and on behalf of my child/ward.

2. I acknowledge receipt of written materials and instructions relating to the Camp and assert that I have had an opportunity, prior to enrolling my child/ward in the Camp, to review these materials which include but are not limited to the Camp Parent Handbook. As a condition of the attendance and participation by my child/ward at the Camp, I agree that I and 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 camper who fails to obey such policies or instructions.

3. I do hereby on my own behalf and/or on behalf of my child/ward grant Sea World of Florida LLC its parent, all subsidiaries, related and affiliated companies including, but not limited to, Sea World Parks & Entertainment, Inc. and SeaWorld Parks & Entertainment LLC, all their officers, members, directors, shareholders, employees, agents, successor and assigns (the "Released Parties") the irrevocable right and permission to photograph or otherwise record me or my child/ward in connection with the Camp, and to use the 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.

4. 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 the Released Parties. I, individually and on behalf of my child/ward, agree to release and discharge the Released Parties from any claims, actions, damages, demands, costs, expenses (including attorneys' fees) or lawsuits of any kind by reason of the sale, distribution or use of such photographs or recordings.

5. 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 zero gravity, 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. My child/ward has voluntarily enrolled in the Camp and I, individually and on behalf of my child/ward 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.

6. **I, individually and as the parent/legal guardian of the minor camper, agree to release 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.**
7. **I, individually and as the parent/legal guardian of the minor camper, 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 me or on behalf of my child/ward, including those for personal injuries, illness or damage to or loss of property arising from my child/ward's attendance or participation (or refusal of permission to attend or participate) at the Camp.**

8. 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.

9. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a state or federal court of competent jurisdiction in the state of Florida.

10. I agree that this Release shall be binding upon me and my child/ward's family members, heirs, assigns, personal representatives and all other parties

Troop # _____ Confirmation # _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO FLORIDA STATUTE §744.301

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE
THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I AM OF AT LEAST 18 YEARS OF AGE, AM OF SOUND MIND, HAVE READ AND UNDERSTAND THIS AGREEMENT 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: _____

Orlando

Dear Sleepover Guests,

SeaWorld Orlando would like to thank you for participating in our sleepover programs.

At SeaWorld, the safety and quality of our education programs is something we take very seriously. Please be advised that qualified medical personnel will be onsite during your entire program to respond to any needs you or your group might have.

As a condition of participation, and to allow us to best serve you should the need arise, we require that each participant have a completed Health History and Release form on file. Forms are to be submitted upon your arrival at the park for your sleepover adventure. The forms will be collected during the check-in process immediately before your program. PLEASE MAKE A COPY OF THE ATTACHED FORM FOR EACH ADULT PARTICIPANT.

PLEASE BE ADVISED THAT WE WILL NOT BE ABLE TO BEGIN YOUR PROGRAM UNTIL A FULLY COMPLETED FORM HAS BEEN SUBMITTED FOR EACH PERSON IN YOUR GROUP.

If you have any questions about these forms, please contact a member of our management team at 1-800-788-1165 (option 1) or swfedprograms@seaworld.com.

Thank you very much; we look forward to seeing you at SeaWorld!

Troop # _____ Confirmation # _____

ADULT PARTICIPANT SLEEPOVER HEALTH HISTORY

The information on this form will help us in providing appropriate care if or when necessary. Any changes to this information should be given to park staff upon arrival. Please provide us with complete information so our staff may be aware of all needs.

_____

Participant's Name Date of birth M/F

_____

Emergency Contact Phone Mobile Phone *(must be registered in US)*

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

If so, indicate carrier or plan name _____ Group # _____

Vaccines		**Status**		
DTP, TD	Up to date	☐ Yes	☐ No	
Tetanus	Up to date	☐ Yes	☐ No	Date Given: _____
Polio	Up to date	☐ Yes	☐ No	
Measles, Mumps, Rubella (MMR)	Up to date	☐ Yes	☐ No	

Does the participant have any of the following? If so, please explain in the space provided.

Allergies (including food, nuts, insect (bee) stings, hay fever, asthma, penicillin or other drugs, animal hair/fur etc.)? _____

Disease (Hepatitis, Measles, heart disease/defect, epilepsy, diabetes etc.)? _____

Dietary Restrictions Please list any special needs your camper requires _____

Other Conditions (Migraines, nosebleeds, bed-wetting, sleepwalking, behavioral etc.)_____

OVER-THE-COUNTER MEDICATIONS RELEASE

I,_____ hereby give Sea World 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 I have 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 you do not approve.**

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

Signature _____ _____Date _____

Troop # _____ Confirmation # _____

MEDICAL CONSENT AND ASSUMPTION OF RISK

1. In consideration for my participation in and attendance at the SeaWorld/Busch Gardens Adventure Camps and all associated activities and outings (collectively the "Camp"), I enter into this Medical Consent and Assumption of Risk voluntarily. In the event I become temporarily or permanently incapacitated, and for any reason am not able to make decisions for myself, 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 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 MY PARTICIPATION IN THE CAMP, I, FOR MYSELF, AND ALL OTHERS ASSERTING RIGHTS BY, THROUGH, UNDER OR ON BEHALF OF ME, DO HEREBY KNOWINGLY AND VOLUNTARILY ASSUME ANY RISKS ARISING FROM OR IN ANY WAY RELATED TO ANY MEDICAL TREATMENT, MEDICATION AND/OR HEALTH CARE ADMINISTERED TO ME, INCLUDING THE RISK THAT ANY SUCH TREATMENT, MEDICATION OR CARE MAY NOT BE TIMELY OR PROPERLY ADMINISTERED.** This consent is effective beginning the first day of my presence at, attendance and/or participation in the Camp and continuing from day to day throughout the time I am present at, attend, and/or participate in the Camp.

2. 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 is correct to the best of my knowledge.

3. I authorize Sea World of Florida LLC, its parent, all subsidiaries, related and affiliated entities, including but not limited to, SeaWorld Parks & Entertainment, Inc. and SeaWorld Parks & Entertainment LLC, and all their officers, directors, members, partners, shareholders, employees, agents, insurers, successors and assigns ("SEA") to share my medical information with any Medical Provider providing medical care to me for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.

4. I execute this Consent for Medical Treatment (the "Consent") with SEA. I understand and agree that this Consent shall be binding on me and my representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns.

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

Signature of Adult Camper _____ Date: _____

Printed name of Adult Camper _____

Troop # _____ Confirmation # _____

PHOTO RELEASE, LIABILITY RELEASE AND VOLUNTARY ASSUMPTION OF RISK AND INDEMNITY 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.

1. In consideration of my presence and attendance at and participation in the SeaWorld/Busch Gardens Adventure Camps and all associated activities and outings including, but not limited to, transportation to and from the Camp (collectively, "the Camp"), I hereby enter into this agreement and accept all of its terms. I represent and agree that I am of at least 18 years of age and have the legal capacity and authority to act on my own behalf.

2. I acknowledge receipt of written materials and instructions relating to the Camp and assert that I have had an opportunity, prior to enrolling in the Camp, to review these materials which include but are not limited to the Camp Parent Handbook. As a condition of my attendance at and participation in the Camp, I agree that I 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 camper who fails to obey such policies or instructions.

3. I do hereby grant Sea World of Florida LLC its parent, all subsidiaries, related and affiliated companies including, but not limited to, Sea World Parks & Entertainment, Inc. and SeaWorld Parks & Entertainment LLC, all their officers, members, directors, shareholders, employees, agents, successor and assigns (the "Released Parties") the irrevocable right and permission to photograph or otherwise record me in connection with the Camp, and to use the 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.

4. 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 the Released Parties. I agree to release and discharge the Released Parties from any claims, actions, damages, demands, costs, expenses (including attorneys' fees) or lawsuits of any kind by reason of the sale, distribution or use of such photographs or recordings.

5. 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 zero gravity, 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 have voluntarily enrolled in the Camp and I 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.

Troop # _____ Confirmation # _____

6. **I agree to release 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 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.**

7. **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 or anyone else on my behalf 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 me or by anyone else on my behalf, including those for personal injuries, illness or damage to or loss of property arising from my attendance or participation (or refusal of permission to attend or participate) at the Camp.**

8. 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.

9. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a state or federal court of competent jurisdiction in the state of Florida.

10. I agree that this Release shall be binding upon me and my child/ward's family members, heirs, assigns, personal representatives and all other parties

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

Signature of Adult Camper _____ Date: _____

Printed name of Adult Camper _____