

Medical Information & Legal Release – One per family

To ensure a happy, healthy visit to our Park, we will need the following information for each Sharks in the Dark participant. Please print legibly. Please use a unique medical, legal and publicity sheet for non-family members.

Legal Release

Congratulations! You are enrolled in Six Flags Discovery Kingdom's Sharks in the Dark program. We are confident that this will be the experience of a lifetime for you. As a condition of your participation in the program, you are required to sign this form. I acknowledge receipt of the program guidelines relating to the Sharks in the Dark program. I agree to abide by such rules and procedures. I agree that if I fail to follow the rules and procedures, I will be removed from the program.

I acknowledge that I have volunteered to participate in the Sharks in the Dark program at Six Flags Discovery Kingdom and that my participation in this program may subject me to risk of personal injury and/or property damage. I assume all risks in relation to the program. I agree that Six Flags Discovery Kingdom, the City of Vallejo, the City of Vallejo Redevelopment Agency, Park Management Corp., Six Flags or any of their respective officers, agents, servants or employees shall not be liable for any damages, injuries, losses or expenses arising from my participation in the program.

I understand that Six Flags Discovery Kingdom reserves the right to alter or cancel any program due to weather conditions, facility availability or animal well being. Six Flags Discovery Kingdom also reserves the right to remove any participant from the program if their actions are endangering themselves, other program participants or the animals, or if they otherwise violate the rules and regulations relating to the program.

I understand that Six Flags Discovery Kingdom reserves the right to use my name and/or picture for advertising and publicity through any form of media. I further agree that these advertising and publicity materials are the sole property of Six Flags Discovery Kingdom. The undersigned further authorizes Six Flags and Park Management Corp. to take any steps necessary to insure the health of _____ in case of an emergency.

Publicity Release

For value received, I _____ and minors listed below, residing at _____ irrevocably consent to the use of my name and/or picture by Park Management Corp. and Six Flags, Inc. for any purpose whatsoever, including advertising and publicity through any media including radio and television, and further consent that my name be so used in conjunction with my picture or with the picture or reproduction of the image of another purpose, and that my voice, name, and picture may be reproduced for such purpose. I further agree that all property rights in and to any advertising or publicity materials, films or recordings containing my name or picture are the sole and exclusive property of Park Management Corp. and Six Flags, Inc.

July 8, 2015

Delphi
Academy



_____/_____

Signature of Adult Program Participant /Date

Personal Information: (please print)

Name: _____

Birthday, if under 18: _____

Name: _____

Birthday, if under 18: _____

Name: _____

Birthday, if under 18: _____

Name: _____

Birthday, if under 18: _____

Name: _____

Birthday, if under 18: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Emergency Contact:

Name: _____

Phone: _____

Doctor: _____

Phone: _____

Insurance: _____

Hospital: _____

Any medical conditions or special needs we should be aware of:



**STATEMENT OF CONSENT TO PARTICIPATE IN OFF-CAMPUS CAMPING TRIP
AND OTHER OVERNIGHT TRIPS - RELEASE WAIVER**

Students Name: _____ Class: _____

Activity: Initial One or Both

Camping Trip

Overnight Trip(s)

Delphi Academy is offering an off-campus camping trip that is not directly linked to the requirements of its educational program and in which the participation of students will be voluntary.

I understand that there are certain dangers, hazards, and risks inherent in overnight camping and the activities included in this trip. Such a trip inherently bears more risk than a routine field trip.

No student may participate in this trip without the express written consent of the parent.

The undersigned parent assumes all risks in connection with the student's participation in the above referenced activity. I understand that neither Delphi Schools, Inc., The Delphi Academy of Campbell nor any of its officers, trustees, employees, students or volunteers shall be liable to myself or my child for any claim arising out of this activity, such claims being hereby waived, and that I will indemnify and save harmless The Delphi Academy of Campbell and its officers, trustees, employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during this activity.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date