



Shedd Stewards: Registration Form

Shedd Stewards is an opportunity for teens in the Chicago area to learn more about local ecosystems while participating in hands-on stewardship activities. This spring we'll be in natural spaces around Chicago monitoring, maintaining and improving habitats so you, your community and wild animals alike have green spaces to explore and enjoy. So roll up your sleeves and get ready to make a difference!

BIOGRAPHICAL INFORMATION of STUDENT:

Last Name		First Name	
Address		City	State Zip
Date-of-birth	Home Phone Number	Cell Phone Number	
Name of School	School Location	Current Grade Level	
Student Email Address		Parent/Guardian Email Address	

Which dates do you plan on attending? You can attend as many as you like so mark all that apply.

- Saturday, October 9th 9:00 AM to 2:00 PM @ Northerly Island
- Saturday, November 13th 9:00 AM to 2:00 PM @ Northerly Island

1. How did you find out about Shedd Stewards?

2. Have you previously been involved in a Shedd Aquarium program? If so, please list the name of each program and the year(s) you were involved.

3. Will you be seeking Chicago Public Schools service learning hours for your involvement in Shedd Stewards?



Shedd Stewards: CONSENT AND RELEASE

FOR VALUABLE CONSIDERATION which is hereby acknowledged and received, I authorize the Shedd Aquarium and its affiliates, employees, agents and sponsors and any person receiving permission from any of the foregoing to make use of my photograph, name and likeness and my performance in a video presentation, and in all other media and formats, including, but not limited to, print media, for educational, non-profit promotional and other purposes without further compensation to me.

I AGREE that the Shedd Aquarium is the sole owner of all rights in the negatives, photographs, videotape recordings, prints, and all other items bearing my photograph, name, likeness or performance, including full domestic and foreign copyrights therein, and shall have the exclusive right to make such use of the program as it wishes, including, but not limited to, the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display, reproduce and distribute derivative works thereof.

I HEREBY release, discharge and agree to save harmless the Shedd Aquarium, its affiliates, employees, sponsors, agents and the officers, directors, employees, licensees, successors, and assigns of the foregoing, from any liability or claimed liability in connection with the aforementioned use of my photograph, name, likeness or performance.

THIS CONSENT AND RELEASE is intended to be of perpetual duration.

I ACKNOWLEDGE that I have read this Consent and Release prior to signing it and that I understand its contents.

PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

GUARDIAN'S CONSENT

I am the parent or legal guardian of the above-named minor and hereby approve the foregoing and consent to the use of the photograph, name, likeness and performance of the above-named minor subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PARENT/GUARDIAN SIGNATURE

DATE



Shedd Stewards: RELEASE AND STATEMENT OF RESPONSIBILITY

The undersigned Participant will participate in the Shedd Stewards Program offered by Shedd Aquarium. The Participant and his/her parent or guardian, for himself/herself, personal representatives, heirs and next of kin, hereby fully releases, waives, acquits and forever discharges Shedd Aquarium, its officers, directors, trustees and employees of all claims and demands by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting, directly or indirectly, from his/her participation in the aforementioned program experience and occurring during said participation or any time subsequent thereto.

The undersigned further agrees to maintain health and medical insurance for the Participant, which covers any and all damages or costs arising from any event connected with the field trip.

Shedd Aquarium assumes no liability for delay or irregularity for any reason. Shedd Aquarium can accept no responsibilities for losses or additional expenses due to delay or changes in service, sickness, weather, or other causes. All such losses or expenses are the sole responsibility of the Participant as the trip rates provide for arrangements only for the time stated.

The Aquarium reserves the right to make changes in the itinerary and to cancel any program prior to departure. In case of an emergency, Shedd Aquarium has the right to terminate a trip at any time after its inception.

All provisions of this Agreement will be construed and governed by Illinois law without regard to the law of any other location. Any lawsuit, claim or other legal proceeding involving the Participant or Shedd Aquarium must be brought exclusively in the federal or state courts located in Cook County, Illinois and the undersigned hereby submits to personal jurisdiction in the State of Illinois and to venue in such courts.

Participant

Parent/Guardian

Signature of Participant

Signature of Parent/Guardian

Print Name

Print Name

Date: _____

Date: _____



Shedd Stewards: Medical History

Student Name _____

Address _____ City/State/Zip _____

Medications: _____

Allergies: _____

Chronic Conditions and/or Medical Problems: _____

This individual is physically able to participate in the following field activities:

- | | | |
|---|-----------|----------|
| 1. Extensive walking and hiking | Yes _____ | No _____ |
| 2. Hot weather conditions | Yes _____ | No _____ |
| 3. Labor associated with outdoor aquatic science and stewardship projects | Yes _____ | No _____ |

Restrictions: _____

Emergency Contact #1

Name(s) _____

Primary Phone Number _____ Secondary Phone Number _____

Emergency Contact #2 (Please list someone other than a parent or guardian)

Name(s) _____

Primary Phone Number _____ Secondary Phone Number _____

Parent/Guardian Authorization (if student is under the age of 21)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Shedd Aquarium staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature

Date