WELCOME
Clearwater Marine Aquarium would like to thank you for making your reservation for a Sawyer’s Sleepover program. Inside this handbook you will find valuable information regarding our sleepover program. Please take time to review the information located within and share it with participants in your group who will be attending the sleepover. Every participant is responsible for knowing all information stated in this packet.

The Sawyer’s Sleepover program is a one-night indoor overnight experience for you and your group. All participants sleep on the floor in our classrooms. The sleepover program includes activities, in our classrooms, continental breakfast and admission the day after your sleepover.

This program is fully supervised by an Education Department staff member. Our staff prides itself on offering an educational experience in a fun learning environment. All information and activities are presented to your group based on the age range of the participants attending the sleepover. During your program we will be busy with activities, so be prepared to go to bed late.

If you have questions pertaining to this program, please contact:

Education Coordinator
727-441-1790 ext. 262

GROUP LEADER RESPONSIBILITIES
The Aquarium considers the Group Leader as being the person who made the reservation and who is the main contact for the Aquarium. We only provide information about the sleepover reservation to the Group Leader. This includes but is not limited to order number, date, names on the roster, adjustment to the number of people or total cost of the sleepover. This is to ensure the safety and privacy of all attendees. We may give out general information that would cover any of our sleepovers to someone inquiring, but for information regarding your sleepover we will refer them to the Group Leader. Please do not give out your order number to anyone. We consider this to be confidential information which verifies that the person we are speaking with is the Group Leader. By giving your order number out to someone else, you are authorizing them to make changes to your sleepover program such as changing the date, people attending, etc. Clearwater Marine Aquarium will not be held liable if this situation occurs.

If you are not able to continue as the main contact please call us at 727-441-1790 extension 262 to give us the new contact’s name and information.
**PARKING**
Parking lots which are located within walking distance to the aquarium. Overnight parking is not available in the paid parking garage.

**CHECK IN**
For logistical reasons, 5:30 p.m. is the cut-off time for arrivals. The price of the program will not be prorated and refunds will not be issued for late arrivals. Please check-in at the “will call” ticketing window.

Anyone not listed in the final head count and who is not on the roster will not be permitted to participate. If you want to increase your group size or make changes to your reservation, you must call **727-441-1790 extension 262** Monday–Thursday, 9:00am to 4:30pm. All changes must be made fourteen (14) days before the scheduled sleepover date. Any changes after this date will not be processed.

**ITINERARY**

**SATURDAY**
Check in
Settle in, facility orientation, program rules
Behind the Scenes tour of Clearwater Marine Aquarium
Light pizza snack, activity, explore
*Dolphin Tale* movie
Lights out

**SUNDAY**
Rise and shine/Get ready, Pack up
Breakfast
Eco-Boat Tour
Explore Aquarium on your own

**Note:** Itinerary may be subject to change

**ACCOMMODATIONS**
Participants sleep in the Education Classrooms of the facility. Participants will be sleeping on carpeted floor so we recommend you bring sleeping bags, air mattresses, as well as season appropriate clothing. The facility building is equipped with central heat and air conditioning. We do not have showers and will be using the public restrooms.
WHAT TO BRING:
• Comfortable shoes and clothing. Shoes must be worn at all times while moving about the facility.
• Bring nighttime wear: pajamas, slippers, jogging pants, boxers, T-shirts, etc. (suitable for co-ed and public sleeping).
• Each person should bring a sleeping bag and pillow. You may also bring a yoga mat, foam pad, or air mattress for comfort. Battery powered air mattresses preferred as electrical outlets are limited.
• All other necessary personal effects and toiletries (facecloth and towel, toothbrush and toothpaste, comb or brush, etc.).
• Pack light as you will have to carry everything from the car.
• Remember, emergency lights will be on when sleeping so bring an eye mask if you need total darkness.
• Flashlight.
• Any special food needed for dietary restrictions.

WHAT NOT TO BRING:
• Please do not bring electronics including radios, televisions, mp3 players, video games, tablets, laptops, computers, etc.
• Electrical appliances such as hair dryers, shavers, curling irons.
• Please note that the facility has very limited capacity for overnight charging of cell phones.
• For the safety of our guests, guns, knives, or other weapons are not allowed in the Aquarium.

Lights Out – will occur at approximately 10:30pm. From 10:30pm until 7:00am, please remain in the sleeping area/room until morning wake-up with the exception of restroom visits and emergencies. **There shall be no one roaming the facility between 10:30pm and 7:00am. Group Chaperones are responsible for their group’s compliance.**

**Wake-up Call & Breakfast.** The following morning all participants will pack up their sites. Wake-up call will be at **7:00am**. All overnight gear and bags need to be removed from the facility by 8:00am. The morning breakfast will be available from 7:30am to 8:15am in the dining area. All sleepover participants must be packed-up by **8:30am.**

All items from the night before should be stored in your car/bus before the eco-boat tour. Each participant will receive a wristband for entrance into the Aquarium. Any participant who does not have a wristband will not be granted access into the Aquarium.
FACILITY SECURITY & ALARM
Once we have everyone in the classrooms for the evening, all doors will be locked and the security system will be set. If you need to leave in the middle of the night for an emergency, please ask the staff member to disarm the alarm. The retail area will be closed throughout the duration of the program; no entrance into the gift shop will be permitted. The facility is under video surveillance and is equipped with a security system. Alarms will be triggered by walking into prohibited areas and by attempting to exit the building without authorization; triggering any of the alarms will automatically alert the Clearwater Police. Aquarium is a smoke-free facility.

CODE OF CONDUCT
Participant supervision and discipline are the responsibility of the Group Leader and Chaperones. Chaperones are responsible for the behavior of everyone in their group. Chaperones must be 21 years of age or older. Chaperones must accompany the children in their group at all times. The Aquarium requires a minimum of one (1) adult Chaperone for every ten (10) children. Sleepover staff reserves the right to deny participation to any person whose behavior impedes sleepover activities or the participation of any other person in attendance.

The role of every adult Chaperone is to assist with participant meal delivery and clean up. Chaperones are in a supervisory role while at the Aquarium and other locations included in the schedule for your group. Any damage caused to the Aquarium or surrounding area will be charged to the responsible group. Adult Chaperones are responsible for ensuring that all areas of the facility used by the group are clean and neat upon the group’s departure. Unacceptable behavior or failure to comply with the Aquarium’s rules and regulations may result in the group being asked to leave. No refund will be made to the group in this case.

• All participants are responsible for maintaining and following the code of conduct at all times.
• All participants are expected to act in a responsible, safe and courteous manner.
• All participants are responsible for keeping the facility neat and clean.
• A shirt is required at all times.
• Shoes are required at all times except while sleeping.
• Sleepover guests must walk at all times while in the facility.
• Sleepovers are a fully supervised event. Adults and children are required to stay with their group at all times. Under no circumstances are adults and/or children allowed to leave their group without staff supervision.
• Clearwater Marine Aquarium reserves the right to dismiss a participant at the expense of the parent/guardian. In such a case, sleepover program deposits and fees are nontransferable and non-refundable. Examples of behaviors that will result in a guest being immediately asked to leave the sleepover, but are not limited to, consumption or possession of alcohol or illegal narcotics, possession of a weapon (real or lookalike), destruction of property, refusal to participate in the program components, or disruptive behavior which threatens the health, safety, and enjoyment of other participants, staffs, or resident animals. Any damage to property must be repaired or replaced at the expense of the participant causing the damage.
CODE OF CONDUCT (Continued)

VISITORS
Discounts are not available for those participants who leave early. Only registered participants and Chaperones will be allowed to attend sleepovers. No visitors will be allowed during sleepovers, nor will any animals be allowed (unless medically necessary).

FOOD/SNACKS
A light pizza snack and drink will be provided to all participants in the late evening, as well as a light continental breakfast in the morning. The pizza snack is in the late evening, so it is highly recommended that your group eats something before you arrive. Chaperones are expected to assist with serving the pizza snack. Breakfast is self-serve and includes items such as muffins, fruit, juice, breakfast bars, yogurt and coffee. There will be no opportunity to purchase additional food or drinks. If a participant has a medical necessity that requires you to keep a snack on hand please inform the Education staff member, who can show you where the food can be stored. In addition, if a participant has any food allergies or special dietary requirements please bring the necessary food items. Food and beverages are allowed in the designated dining area only.

ILLNESS/INJURY
If a child or adult becomes ill or is injured, the contact on his/her release form will be notified. No oral medicines or first aid will be administered except by the child’s Chaperone, if necessary. A basic first aid kit will be available. In the event of an emergency, 911 will be called.

FORMS TO SIGN AND RETURN
All participants in the Sawyer’s Sleepover Program must sign and return a completed Participant Permission and Release Form; this includes both children and adults. In addition, all participants must sign an Overnight and Medical Release Form (also adult and children). All forms must be scanned and emailed to slewis@cmaquarium.org no later than fourteen (14) days before your sleepover date along with your Roster of Participants. Anyone who does not have a completed Participant Permission and Release Form as well as an Overnight and Medical Release Form on file with the Education Department will not be admitted to the sleepover program. Before emailing your packets to the Clearwater Marine Aquarium Sleepover Staff, please double check everyone’s forms to make sure they are completed. If the aquarium does not have all necessary forms on file before your scheduled sleepover date, the reservation will be canceled and a refund will not be issued.
TIMELINES
1. The remaining balance for the Sawyer’s Sleepover Program must be paid two weeks prior to the scheduled program date.
2. The Participant Roster is also due two weeks prior to the scheduled program date along with the final payment. All changes to the Participant Roster must be made no later than fourteen (14) days before the scheduled sleepover date. Any changes after this date will not be processed.
3. All Waivers and Health Forms listed above are due no later than fourteen (14) days prior to the scheduled program date.

REFUND POLICY
• When booking your reservation a non-refundable deposit of $100 will be required.
• The remaining balance must be paid two weeks prior to the program date. (If the scheduled date is less than two weeks from the time of the reservation, and space is available, the TOTAL amount must be paid in full at the time of the reservation.)
• Please submit one payment for the TOTAL amount for ALL participants.
• Failure to pay the remaining balance at least two weeks prior to the scheduled overnight date will result in cancellation of the reservation and forfeiture of the deposit.
• Refunds will not be given to participants who do not attend the program.
• Cancellation 5 to 13 days prior to the program date will receive a 50% refund of the total amount.
• Notification of date changes must be made no less than two weeks prior to the originally scheduled date of your program. Date changes subject to availability.
• A Final Count, Roster, and Release Forms will be provided at the time of final payment and must be emailed to Education Coordinator, two weeks prior to the date of your program.

Refunds are non-transferable to other educational programs or aquarium admission. If you wish to reschedule a sleepover program; deposits can be re-applied within a 6 month period from the cancellation date. All date changes are subject to availability.

Failure to meet any of the deadlines outlined above will result in the cancellation of your program and no refund will be issued.
A participant permission and release must be filled out and submitted for every participant (adult and child).

Parent/Guardian Name (if applicable) _______________________________________________________

Participants:
Name ________________________________________ ☐ Adult ☐ Child Age: ___________

Parent’s Address __________________________________________________________________________

Phone (Home) (______) _________________________ (Cell) (______) _____________________________

Sawyer’s Sleepover Date: __________________________________________________________________

In consideration of being allowed by Clearwater Marine Aquarium to participate in the Sawyer’s Sleepover Program (the “Program”), I hereby agree that:

• I agree to accept and abide by the rules and regulations of the Program as established by Clearwater Marine Aquarium and to obey the direction of the Aquarium’s representatives.

• I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to Clearwater Marine Aquarium and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my photographic likeness.

• I understand that neither medical nor health insurance coverage is supplied by Clearwater Marine Aquarium and that the participant is responsible for all insurance coverage.

• I understand and expressly assume the risk of any and all damage, injury, death, or harm which may occur to me or my property.

• I forever release and discharge Clearwater Marine Aquarium, its officers, directors, employees, agents, assigns, and insurers from any and all claims or liability arising out of or in connection with my and/or my child’s participation in the Program. This release includes libel, invasion of privacy, negligence, or other fault that result in personal injury, death, or property damage during or in connection with the above program or activities. This release will be construed according to the laws of Florida. This Permission and Release shall inure to the benefit of licensees and assigns of the Aquarium, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives, and assigns.

• I understand that visitors are not allowed to bring alcoholic beverages into the Aquarium at any time.

This document contains a release of claims. Please read it carefully before signing.

I acknowledge that I have received, read, understood, and agreed to the above and I voluntarily sign this Participant Release agreement.

Undersigned:

___________________________________  _____________________________________
Print Signature

Parent or Legal Guardian if participant is a minor:

___________________________________  _____________________________________
Print Signature
Clearwater Marine Aquarium Sleepover date: _________________________________________________

Overnight and Medical Release forms must be filled out for each child attending a Sawyer’s Sleepover Program.

Child’s name ____________________________________________
Birth date ______________________ Sex _____________________ Age ______________________
Parent/Guardian of child _______________________________________
Day phone ______________________________ Night phone ____________________________
Mailing address ____________________________________________
City _______________________________ State _______ Zip code ________________________
Group name _______________________________________________
Leader’s name ___________________________ Phone # ________________________

IN CASE OF EMERGENCY list two people other than parent/guardian who can be reached during overnight hours. This should be someone who is not attending the Sleepover.

Name ________________________________ Phone # ______________________
Name ________________________________ Phone # ______________________

Please list any special conditions (allergies, special medications, etc.) for the child.
____________________________________________________________________________

I understand that Clearwater Marine Aquarium’s Education Department staff may, in its sole discretion, call 911 to arrange any medical treatment, and that Clearwater Marine Aquarium and Education Department staff disavows all responsibility for the cost of this or any other treatment. Furthermore, I acknowledge that I have read or have had explained to me, the policies and procedures of Clearwater Marine Aquarium pertinent to sleepovers.

I, the parent and/or legal guardian of the above-mentioned child, on behalf of the child, his/her parents or legal guardians, heirs, and legal representatives, do hereby release, acquit or forever discharge and agree to hold harmless, Clearwater Marine Aquarium and its employees and agents from any and all claims, demands, rights, damages, losses, injuries or causes of action whether known or unknown, or foreseen or unforeseen, arising out of any personal injury (or otherwise) sustained by or resulting from the child’s participation in the Sawyer’s Sleepover Program.

I understand that the parties released admit no liability of any sort.

Parent/Legal Guardian __________________________ Date __________________________
Clearwater Marine Aquarium
Sawyer’s Sleepover Program

Overnight and Medical Release Form-Adult

Clearwater Marine Aquarium Sleepover date: ________________________________

Overnight and Medical Release forms must be filled out for each adult attending a Sawyer’s
Sleepover Program.

Adult’s name ____________________________________________________________

21 years of age □ yes □ no  Sex ______________________

Day phone _____________________________ Night phone _____________________________

Mailing address_____________________________________________________________

City ____________________________ State ______________ Zip code ___________________

Group name ________________________________________________________________

Leader’s name ______________________________________ Phone # __________________

IN CASE OF EMERGENCY list two people who can be reached during overnight hours. This should be
someone who is not attending the Sleepover.

Name ____________________________ Phone # __________________

Name ____________________________ Phone # __________________

Please list any special conditions (allergies, special medications, etc.) you might have.
_________________________________________________________________________________________

I understand that Clearwater Marine Aquarium’s Education Department staff may, in its sole discretion,
call 911 to arrange any medical treatment, and that Clearwater Marine Aquarium disavows all responsibility for the cost of this or any other treatment. Furthermore, I acknowledge that I have read or have had explained to me, the policies and procedures of Clearwater Marine Aquarium pertinent to sleepovers.

I, the adult participant, do hereby release, acquit or forever discharge and agree to hold harmless,
Clearwater Marine Aquarium and its employees and agents from any and all claims, demands, rights,
damages, losses, injuries or causes of action whether known or unknown, or foreseen or unforeseen,
arising out of any personal injury (or otherwise) sustained by or resulting from my participation in the Sawyer’s Sleepover Program.

I understand that the parties released admit no liability of any sort.

Signature _________________________________________________ Date _________________________
Clearwater Marine Aquarium  
Roster of Participants

Sleepover Date: _________________________________

Group Name: ____________________________________________________________________________

Group Leader’s Name: ____________________________________________________________________

Please fill out the names of all the participants in the sleepover program and indicate the ages of the children. Submit the roster form **two weeks** prior to your program. Make additional copies of this form if necessary. Scan and email to sleepovers@cmaquarium.org. All changes must be made seven (7) days before the scheduled sleepover date. Any changes after this date will not be processed.

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SAWYER’S SLEEPOVER PROGRAM

Questions pertaining to this program please contact:

Education Coordinator
727-441-1790 ext. 262