

# Ohio Bird Sanctuary Movie & Game Night!

Paid _____
Cash _____
Check Number _____
Confirmation _____

Come enjoy an evening playing games, watching a movie, eating popcorn & snacks, and meeting a bird at the Ohio Bird Sanctuary!

**Time: 5:30-9:30pm**

Please check day(s) \_\_\_\_\_ Friday, January 21, 2022 – Featured Movie: *Rio* (G)  
your child will attend: \_\_\_\_\_ Friday, February 25, 2022 – Featured Movie: *Hoot* (PG)

### Age Requirement:

Children must be 6-12 years old to attend. Students who are 6 years old need to have completed kindergarten and be 6 by the event date.

### Price: (please check one)

- Members:**  
\$35/ Movie Night
- Non-members:**  
\$40/ Movie Night

### Refund Policy:

If you cancel at least two weeks before the date, you may choose between a partial refund of \$15/day or a voucher to be applied toward a different movie/game night or camp (the voucher will depend on availability). If you cancel any time within two weeks prior to the date, you will receive no refund or voucher. If OBS cancels, you will receive a full refund.

### PLEASE PRINT THE FOLLOWING INFORMATION:

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(Information to parents will be sent via e-mail)

MEDICAL, PHYSICAL, AND/OR LEARNING DISABILITIES

\_\_\_\_\_  
(Important for coordinating staffing and resources. Acceptance and participation is not affected by this information.)

PARENT'S or GUARDIAN'S NAME \_\_\_\_\_

PHONE #: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

I, the parents or legal guardians of \_\_\_\_\_, would like to register my child for the Movie & Game Night experience at the Ohio Bird Sanctuary at its indoor/outdoor facility at 3774 Orweiler Rd., Mansfield, Ohio and hereby permit my child to attend.

I understand that while all possible precautions will be taken to allow my child to have a rewarding, educational experience, the Ohio Bird Sanctuary will not be held responsible for injuries or losses, either to person or property, while my child visits this facility, and I release the Ohio Bird Sanctuary from such liability. I understand that some of the activities, such as playing games have risks. I am aware of these risks and of my child's ability. I give the staff of the Ohio Bird Sanctuary permission in an emergency situation to seek medical attention for my child.

I understand that my child may be photographed at the Ohio Bird Sanctuary, and I grant the Ohio Bird Sanctuary permission to use these photographs in publications, news releases, online, and in other communications related to the mission of the Ohio Bird Sanctuary.

I also understand that I am responsible for my child's actions while at the facility. I agree to be responsible and pay for any property damage caused by my child.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Send form & payment to: Ohio Bird Sanctuary 3774 Orweiler Road, Mansfield, Ohio 44903**