



# SUMMER TEACHER WORKSHOP REGISTRATION & WAIVER - Snorkeling

THIS IS A TWO PAGE FORM. Please print or type the following information. Send with your \$100 deposit & enrollment form to PO Box 787, Key Largo, FL 33037.

## CONTACT INFORMATION

Name (First, last) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, state, zip \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
email address: \_\_\_\_\_

## EMERGENCY AND MEDICAL INFORMATION

NAME OF PERSON TO CONTACT IN EMERGENCY: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

MY HEALTH/ACCIDENT POLICY IS WITH \_\_\_\_\_

WHOSE PHONE NUMBER IS: \_\_\_\_\_

POLICYHOLDER NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

LIST any medical problems, allergies, chronic symptoms, or medications presently being taken.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Medication presently taken: \_\_\_\_\_

**SPECIAL DIETARY NEEDS: Please check below if any of these apply. Please note, we do our best with limited resources! If you are concerned, please contact us at 800-741-1139 or [tws@marinelab.org](mailto:tws@marinelab.org).**

- vegetarian (eats dairy, eggs)     vegan (no animal products)     gluten-intolerant
- lactose-intolerant     no red meat (eats chicken)     peanut allergy

Other (Please describe): \_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE LIABILITY RELEASE ON NEXT PAGE, THANKS!

# **ASSUMPTION OF RISKS, LIABILITY RELEASE & HOLD HARMLESS CONTRACT**

MarineLab/MRDF is a not-for-profit, non-commercial, home, private and public school / community oriented education program. MarineLab/MRDF educational programs offer rewarding experiences to develop Participant's knowledge and skills essential to understanding marine sciences and resources. In consideration of being allowed to participate in the Program Activities I HEREBY AGREE TO BE CONTRACTUALLY BOUND BY THE FOLLOWING:

**Contract Parties:** On behalf of MYSELF, MY FAMILY, HEIRS, ASSIGNS, REPRESENTATIVES & ALL OTHERS WHO MAY HAVE A CLAIM ON MY BEHALF (hereafter "I" or "Participant"), I voluntarily enter into this contract with MarineLab/Marine Resources Development Foundation, Inc., Key Largo Undersea Park, Inc., Jade Divers LLC d/b/a Island Ventures, their boats (whether owned, operated, leased, or chartered), their owners, directors, sponsors, agents, employees, volunteers, instructors, assistants, educational groups, individuals and all others in connection with Program Activities, whether specifically named or not (hereafter "Released Parties").

**Participant Responsibilities & Assumption of Risks:** I understand there are inherent risks associated with swimming, snorkeling, entering/exiting the water, boating and other related educational activities (herein "Program Activities"). I will use all safe swimming, snorkeling and boating practices. I will at all times while in the water wear a floatation device, remain with my swim partner, maintain situational and self-awareness, and use my good judgment to reduce the risks, however, I know the risk of serious injury, illness and death cannot be completely eliminated. I understand Program Activities will expose me to risk of seasickness, panic, stings, bites, infections, pressure related injuries, dangerous environmental conditions, unexpected water or boat movement, fire, capsizing, sinking, grounding, abandonment, collision, being struck by a boat, failure to warn, asphyxiation, hazards of the sea, acts or omission by others, property loss, illness, injury, drowning and death. My participation in Program Activities is voluntary and if I do not feel capable or competent, then I will refrain from the activity. I agree to be solely responsible for my health and safety. DESPITE THE RISK OF SERIOUS INJURY, ILLNESS & DEATH, I VOLUNTARILY CHOOSE TO PARTICIPATE IN PROGRAM ACTIVITIES AND ASSUME ALL RISKS, WHETHER FORESEEN OR UNFORESEEN, WHETHER CREATED OR NOT BY THE RELEASED PARTIES, ASSOCIATED WITH MY PARTICIPATION IN PROGRAM ACTIVITIES.

**Participant's Condition & Insurance:** I will abide by all MarineLab/MRDF policies, rules and regulations. I will participate within my abilities. If I do not feel well or become aware of any unsafe condition, I will refrain from participation. I am physically, medically and mentally fit to participate. I will not hold anyone responsible for any condition I may suffer which results in my injury, illness or death. I will not possess nor consume alcohol, tobacco or drugs (other than those prescribed to me by a physician) while participating in Program Activities. I understand Program Activities may be conducted at remote locations distant from emergency response, and medical care. I AUTHORIZE RELEASED PARTIES TO PROVIDE EMERGENCY FIRST AID & MEDICAL CARE. I AGREE TO BE SOLELY RESPONSIBLE & PAY FOR ALL EXPENSES ASSOCIATED WITH MEDICAL CARE. I ASSUME THESE RISKS & HEREBY RELEASE RELEASED PARTIES FOR FAILURE TO RESCUE OR PROVIDE PROPER EMERGENCY RESPONSE OR MEDICAL CARE.

**Release of Liability:** In considerations of being allowed to participate in Program Activities, I HEREBY AGREE TO FOREVER RELEASE THE RELEASED PARTIES FROM ANY & ALL LIABILITY ARISING AS A RESULT OF PROPERTY LOSS, INJURY, ILLNESS OR DEATH DUE TO ANY ACT OR OMISSION, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON THE PART OF ANYONE, INCLUDING THE RELEASED PARTIES. THIS IS A COMPLETE & UNCONDITIONAL RELEASE OF ALL LIABILITY OF RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED BY LAW.

**Hold Harmless & Indemnification:** I agree to hold harmless, defend & indemnify (defend & pay any judgment, court costs, damages, investigation costs, attorneys' fees, & all other expenses incurred that relate to enforcement of this contract) released parties from any & all claims, causes of action or lawsuits arising from my participation in program activities. I HEREBY OBLIGATE MYSELF OR MY ESTATE TO BE FULLY RESPONSIBLE TO PAY FOR ALL COSTS INCURRED BY RELEASED PARTIES ASSOCIATED WITH ANY CLAIM, CAUSE OF ACTION, LAWSUIT OR JUDGMENT AGAINST RELEASED PARTIES AS A RESULT OF MY PARTICIPATION IN PROGRAM ACTIVITIES.

**Contract, Governing Law & Severability:** This is a contract giving up Participant's legal rights. This contract shall be in full legal force from the time the Participant signs it, through the duration of all Program Activities, and into the future until all claims, causes of action or lawsuits against Released Parties arising as a result of Program Activities are fully resolved. Participant agrees that any legal action arising as a result of Program Activities shall be governed by Florida State laws and Monroe County shall be the exclusive venue and jurisdiction of any legal action. If any portion of this contract is found to be unenforceable or invalid, then that portion shall be severed and the remainder shall continue in full legal force. A copy or electronic file of this contract shall have the same legal force as an original signed document. I VOLUNTARILY ENTER INTO THIS CONTRACT BASED EXCLUSIVELY ON THE PREPRINTED TERMS OF THE CONTRACT WITHOUT MODIFICATION OR RELYING ON ANY OTHER REPRESENTATIONS (UNLESS CONTAINED IN A SIGNED ADDENDUM). I AGREE TO BE BOUND BY THIS CONTRACT & FULLY UNDERSTAND THAT I AM GIVING UP MY LEGAL RIGHTS TO THE FULLEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date