



# 2011 STUDENT REGISTRATION FORM

**PARENTS:** Please sign on the line noted below. This signature must be NOTARIZED in order for your child to participate in a MarineLab program.

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PROGRAM DATES \_\_\_\_\_

**MEDICAL INFORMATION** List ANY medical problems, allergies, chronic symptoms, or medications presently being taken.

\_\_\_\_\_

MEDICATIONS PRESENTLY TAKEN: \_\_\_\_\_

SPECIAL DIETARY NEEDS \_\_\_\_\_

MY HEALTH/ACCIDENT POLICY IS WITH \_\_\_\_\_ THIS POLICY COVERS MY CHILD: \_\_\_ YES \_\_\_ NO

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

**RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT FORM** In signing this form, I understand that I waive the right to sue Marine Resources Development Foundation Inc. (MRDF), or any group or individual associated with MRDF, for both myself and my heirs, assigns, or personal representatives.

I hereby give permission for MRDF to provide any medical assistance they feel appropriate for my child named above. I also give permission for Mariner's Hospital or any other medical personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses incurred.

I am aware that MRDF arranges expeditionary trips which may involve participation by my child. I wish my child to participate in these trips, and I acknowledge that during those trips, my child may be exposed to certain risks which are inherent in the activity and cannot be eliminated without destroying the unique character of the activity, such as travel by boat, swimming in or near the ocean, snorkeling in the ocean, accidents or illness in remote places without immediate access to medical facilities, and the forces of nature, including the sun, wind and rain. I understand that the description of these risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death.

In consideration of the right to participate in these activities, and the services arranged for me, for myself and my minor child, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue MRDF, Key Largo Undersea Park, Inc., its employees, property owners, business owners, directors, officers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's trip or participation in any activities at MRDF, Key Largo Undersea Park, Inc., whether caused by ordinary negligence or otherwise. This signed agreement shall serve as a release or assumption of risks for my heirs, executor, and administrators, assigns, next of kin and for members of my family. This agreement is meant to be as broad and inclusive as allowed under the state of Florida. If any portions of this release are found invalid, the balance shall remain in full legal force and effect. I give permission for staff members to take photos or videos of my child participating in these activities, which will remain the property of MRDF to be used in promotion in paper and electronic media. I have read and fully understand this agreement.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This person is personally known or provided identification: Driver's License # \_\_\_\_\_

Notary Signature \_\_\_\_\_ Notary Stamp \_\_\_\_\_

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

Date \_\_\_\_\_ Commission # \_\_\_\_\_ My commission expires \_\_\_\_\_