



# ADULT or STUDENT OVER 18 2012 INFORMATION & CONSENT FORM

Please PRINT the information requested below. Complete all blanks and sign on the bottom. Please have someone other than your spouse WITNESS your signature. Return to MRDF, P.O. Box 787, Key Largo, FL 33037. Thank you!

Please indicate the dates you are attending this program: \_\_\_\_\_

Name \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Employed by \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Bus phone (\_\_\_\_\_) \_\_\_\_\_

Person to contact in the event of an emergency: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**GENERAL MEDICAL INFORMATION** Please list ANY medical problems such as allergies, chronic symptoms, etc in the space below:

\_\_\_\_\_

Medication presently taken: \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

My health/accident insurance policy is with \_\_\_\_\_

Policy # \_\_\_\_\_ Group/Plan/ID# \_\_\_\_\_

Policyholder name \_\_\_\_\_ Relationship \_\_\_\_\_

**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 of individuals associated with MRDF, for both myself and my heirs, assigns, or personal representatives.*

I am aware that MRDF arranges expeditionary trips involving snorkeling and swimming in the ocean and traveling by boat. I wish to participate in these trips, and I acknowledge that during those trips, I 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 sun, wind, and rain. I understand that the description of these risks is not complete and that these and other unknown or unanticipated inherent risks may result in injury or death.

In consideration of the right to participate in such activities, and the services arranged for me, for myself and my heirs, assigns, or personal representatives, 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 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, executors 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 photographs or videos of me while participating in these activities, which images shall remain the property of MRDF for use in promotion in print or electronic media. I will be responsible for any and all medical expenses incurred during my stay. **I have read and fully understand this agreement.**

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

