



DISCOVER MARINELAB Parent/Child Registration

Please print or type the following information. Send with your 30% deposit to PO Box 787, Key Largo, FL 33037. We accept personal checks; if you need to pay with a credit card, please call 800-741-1139.

Program Dates: _____

PARENT INFORMATION

Name (First, last) _____ Age _____ Sex _____

Mailing Address _____

City, state, zip _____

Home phone (_____) _____ Cell phone (_____) _____

email address: _____

Medical information: _____

Dietary restrictions, if any: _____

CHILD INFORMATION

Child name _____ Age _____ Sex _____

Medical information: _____

Dietary restrictions, if any: _____

Child name _____ Age _____ Sex _____

Medical information: _____

Dietary restrictions, if any: _____

Attach any additional child information on a separate sheet.

NAME _____

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 _____

This policy covers (check all that apply) _____ me (parent) _____ child(ren)

PAYMENT INFORMATION

enrolled _____ X \$160 each for program fee = \$ _____

Deposit due with registration X 30%

Amount enclosed: \$ _____

Your deposit is non-refundable unless the program is cancelled. Your balance will be due upon arrival.

RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT FORM

PRINTED NAME OF PARENT:

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 and wish my child(ren) to participate in these trips, and I acknowledge that during those trips, we 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 my child(ren), 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., Jade Divers LLC dba Island Ventures, their 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 and/or my child(ren) 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 _____