



2012 SUMMER TEACHER WORKSHOP REGISTRATION Snorkeling

Please print or type the following information. Send with your \$100 deposit to PO Box 787, Key Largo, FL 33037.

CONTACT INFORMATION

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

EMPLOYMENT INFORMATION

Currently employed by (school or district) _____
Subject(s) taught _____ Grade level(s) _____
How long have you been teaching these subjects? _____
Your teachers' certification is in (subject, levels) _____

CONTINUING EDUCATION INFORMATION

Inservice/Continuing Education

Inservice/continuing education points are available from any of these teacher workshops. If you wish to earn continuing education points, please give us the pertinent information below so that we may process your request. Please note: successful completion of pre and post test and participation in all workshop activities are required to receive these points.

Name of person to whom record should be sent: _____
Title _____ Dept or District _____
Address _____
Street or PO box city state zip

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 _____

NAME _____

MEDICAL INFORMATION

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

Height _____ Weight _____ Medication presently taken: _____

SPECIAL DIETARY NEEDS _____
(Vegetarian, allergies, etc.)

PAYMENT/REFUND INFORMATION

Please sign me up for:

- _____ Introduction to Coastal Marine Ecology Workshop (\$395)
- _____ Marine Ecology & Research Techniques (\$395)
- _____ BONUS FWC/FMSEA Aquatic Science Educator Certificate Workshop (additional \$25)

A \$100 deposit is due with this registration form. The balance payment of \$295 is due by July 10. The deposit is fully refundable if you cancel prior to June 24, 2012; if you cancel after that, it is subject to a \$15 administrative fee. No refunds for no-shows. Payment for the FWC workshop will be collected upon arrival. **Please call or email us if you cannot make the program.**

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., 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 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 _____