



Ocean Adventure Camp Waiver of Liability

Participant Name: _____

Gender (circle): M or F Age: _____ DOB: _____

Parent/ Guardian Emergency Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____

Date of Camp Enrollment: _____

General Medical Information

Please list ANY medical problems such as food allergies, chronic conditions, etc... _____

Medications presently taken: _____

Physicians Name: _____ Phone Number: _____

RELEASE AND WAIVER OF LIABILITY/IMPLIED CONSENT

In signing this form, I understand that I waive the right to sue Under Blue Waters LLC, Maya Shoup or any groups or individuals associated with Under Blue Waters LLC, for myself and my heirs, assigns or personal representatives. I am aware that Under Blue Waters LLC arrange activities involving swimming, snorkeling, SCUBA diving, sailing, fishing and kayaking in the pool and/or ocean, and traveling by boat. In participating or allowing my child to participate in these activities, I acknowledge that during these activities, I or he/she may be exposed to certain risks which are inherent in the activity and cannot be eliminated without destroying the purpose and character of the activity, such as travel by boat, swimming in or near the pool and/or ocean, snorkeling in the ocean, accident or illness in remote places without immediate access to medical facilities, and/or the forces of nature, including sun, wind, and rain. I understand the description of these risks are not complete and that these and other unknown or unanticipated inherent risks my result in injury or death. In consideration for the right for myself or my child to participate in such activities, and other services and activities arranged for me or him/her, I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue Under Blue Waters LLC, its employees, property owners, directors, officers, and members from any and all liabilities, actions, causes of actions, debts, claims, demands, or other liability of every kind and nature whatsoever which may arise or in connection with my or his/her trip to or participation in this program, whether caused by ordinary negligence or otherwise. This signed agreement serves as a release or assumption of risks for my heirs, executors, and administrators, assigns, next of kin, and members of my family. This agreement is meant to be broad and inclusive. I give permission for staff to take pictures and videos of myself or my child while participating in these activities. The photos and videos shall remain property of Under Blue Waters LLC.

Signature: _____ Date: _____

(Parent or Guardian)