

# MONTEREY BAY AQUARIUM

## UNDERWATER EXPLORERS

### AGREEMENT TO WAIVE AND RELEASE ALL CLAIMS

I am the parent, guardian or representative of the minor named below and have the legal capacity and authority to act on his or her behalf. I make this Agreement to Waive and Release All Claims in consideration for the minor being permitted by the Monterey Bay Aquarium to participate in the program and on the dates identified below.

On behalf of myself and my heirs, executors and assigns, I waive and release any and all claims for damages for death, personal injury, or loss of or damage to property against the Monterey Bay Aquarium Foundation and its officers, directors, employees, volunteers and representatives (collectively, the "Aquarium"), which I now have or may have in the future arising out of or relating to the minor's participation in the Program and his or her use of equipment or facilities provided as part of the Program. Furthermore, I agree not to sue the Aquarium on account of any such claim, and I agree to indemnify and hold harmless the Aquarium against any claim by or on behalf of the minor for loss or damage to property or bodily injury or death which he or she now has or may have in the future arising out of or relating to his or her participation in the Program or his or her use of equipment or facilities provided as part of the Program.

I acknowledge and agree that:

- I am aware of the risks of participation in the Program, such as activities in the water, scuba diving, and other hazardous activities;
- I understand that serious accidents can occur while participating in these activities which can result in bodily injury or death;
- I understand that any activity in the water, such as scuba diving, may be hazardous and involve risks which may lead to serious injury or death, such as mechanical failure, diver error, hazardous sea life and other foreseen and unforeseen causes;
- The minor will abide by all safety rules and instructions given by Aquarium personnel and Program leaders; and
- The minor's participation in the Program is completely voluntary and at his or her own risk.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF THE MINOR LISTED BELOW, AND THE MONTEREY BAY AQUARIUM FOUNDATION, AND I SIGN IT OF MY OWN FREE WILL.

Name of Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Program: Underwater Explorers / Pacific Edge w/ Skylark Ranch

Date(s) of Program: Summer of 2010

Signature of Parent, Guardian or  
Authorized Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

# MONTEREY BAY AQUARIUM

## MEDICAL WAIVER AND EMERGENCY INFORMATION FOR MINOR PARTICIPANTS IN AQUARIUM PROGRAMS

I am the parent or guardian of the minor named below and have the legal capacity and authority to act on his or her behalf. I sign this form and the accompanying Agreement to Waive and Release All Claims in consideration for permission by the Monterey Bay Aquarium for the minor to participate in the program named below. In doing so, I agree that all of the terms of the Agreement shall apply to any claims relating to the participation of the minor in the program. This includes (but is not limited to) my agreements to waive and release all claims and to indemnify and hold the Monterey Bay Aquarium Foundation and its representatives harmless against any claims.

I understand that Aquarium will take reasonable precautions to prevent accidents, administer simple first aid for all minor injuries, and call parents and/or a doctor whenever necessary. I am aware that there are risks to participation in the program, and I voluntarily consent to the participation of the minor in the program.

I confirm that the minor is in good health. I hereby give my consent to representatives of the Aquarium to provide all emergency medical or dental care prescribed by a duly licensed health care provider. I understand that care may be given under whatever conditions are necessary to preserve the well being, limb or life of the minor.

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_

Program and Dates: **Underwater Explorers / Pacific Edge w/ Skylark Ranch- Summer 2010**

Doctor's Name and Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

If any of the following conditions apply to the participating child, participation in the program may not be advised without further evaluation. Please circle any that apply and include a short explanation below.

- |   |   |  |
|---|---|--|
| 1) Currently have a cold or congestion                                    | 6) Diabetes   | 13) History of sinus problems                              |
| 2) Recent or current ear infection  | 7) Nervous system disorder                              | 14) Under the care of a physician or have chronic illness. |
| 3) Recurring ear problems, ear surgery including tubes                    | 8) History of heart conditions                          | 15) Allergic reactions (i.e. latex or shellfish)           |
| 4) Currently taking medications that impair physical or mental abilities. | 9) Behavioral health, mental or psychological disorders | 16) History of or current asthma                           |
| 5) History of or current respiratory problems including TB                | 10) Recently had an operation or illness.               | 17) Currently prescribed an inhaler                        |
|   | 11) Recurring back problems or spinal injuries/surgery  | 18) None of these apply                                    |
|   | 12) History of seizures, dizziness or fainting          |  |

Explanation:

I understand that past and present medical conditions may contradict participation in this activity as well as elevate the risk of injuries, including but not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death.

Two Emergency contacts (names and telephone numbers):

\_\_\_\_\_  
Name Telephone ( ) Name Telephone ( )

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Parent, Legal Guardian or Authorized Representative During the program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent, Legal Guardian or Authorized Representative