



Under Blue Waters

561-715-0499

“Dedicated to excitement, fun and adventure through education, and exploration of our Oceans”

Participate Name: _____ Gender (circle): M F

Email Address: _____ Age: _____ DOB: _____

Parent/ Guardian Emergency Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

General Medical Information

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

Medications presently taken: _____

Dietary restrictions (food allergies, vegetarian) _____

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 Water LLCs, 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 may 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.

Refund policy: A 10% cancellation fee will be applied for all requested refunds with less than a 24 hour cancellation notice and for participant no shows. Cancellations 24 hours in advance or more receive a full credit into Under Blue Waters family account towards upcoming programs or a refund with a 3.5 processing fee.

Signature: _____ Date: _____

(Parent or Guardian)