

## Ocean Adventures and Swim School Waiver of Liability

Participate Name:			Gender (circle): M F
Email Address:		_ Age:	DOB:
Parent/ Guardian Emergency Contact Int	formation		
Name:			
Street Address:			
City:	State:	Z	Zip:
Home Phone:	Cell Phone:		
Email Address:			
<b>General Medical Information</b>			
Please list ANY medical problems such as f	ood allergies, chronic conditions, et	c.:	
RELEASE AND In signing this form, I understand that I wais individuals associated with Under Blue Wat aware that Under Blue Waters LLC arrange and kayaking in the pool and/or ocean, and activities, I acknowledge that during these activity and cannot be eliminated without deswimming in or near the pool and/or ocean, immediate access to medical facilities, and/or description of these risks are not complete a injury or death. In consideration for the righ activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities arranged for me or him/her, I have and covenant not to sue Under Blue Waters any and all liabilities, actions, causes of activities. This signed executors, and administrators, assigns, next inclusive. I give permission for staff to take activities. The photos and videos shall remain	waiver of Liability/IMPL we the right to sue Under Blue Wate er LLCs, for myself and my heirs, a activities involving swimming, sno traveling by boat. In participating or ctivities, I or he/she may be expose estroying the purpose and character snorkeling in the ocean, accident or or the forces of nature, including sun and that these and other unknown or t for myself or my child to participal and do hereby assume all risks and LLC, its employees, property owne ons, debts, claims, demands, or othe m with my or his/her trip to or partic ed agreement serves as a release or a of kin, and members of my family. pictures and videos of myself or my	IED CONS  The street of the activity  This agreem  This agreem  This agreem  This directors,  This agreem  This agreem	ENT ya Shoup or any groups or rsonal representatives. I am JBA diving, sailing, fishing y child to participate in these isks which are inherent in the ty, such as travel by boat, emote places without rain. I understand the ed inherent risks my result in ctivities, and other services and indemnify, hold harmless, officers, and members from f every kind and nature his program, whether caused by of risks for my heirs, ent is meant to be broad and
Signature:	Date:		

(Parent or Guardian)