



Adventure Dive & Travel Program Registration

(Please complete one registration & liability form for each child/adult)

Participants Name: _____

Parent/Guardian: _____

Address _____ City _____

State _____ Zip _____

E-mail Address (Parent) _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

Medical Waiver

(Only complete section that applies)

I hereby consent that there is **no** physical or mental reason that my child or myself can not participate.

(Signature of Parent/Guardian)

(Date)

I hereby consent that my child or myself **have** the following conditions that may limit his/her or my abilities to participate in some activities.

(List conditions that may limit activities)

(Signature of Parent/Guardian)

(Date)

ADVENTURE DIVE AND TRAVEL, INC.
SWIMMING PROGRAMS RELEASE AND WAIVER OF LIABILITY

Please read carefully and fill in all blanks before signing.

I, _____ (student's name), parent or guardian if less than 18 years old, am aware that swimming is a physically strenuous activity and that _____ (student's name) will be physically exerting himself or herself during the Adventure Dive & Travel swimming program (Program). In consideration for participation in this Program, I assume all risk of injury occurring as a result of participation in the Program and expressly release from all liability the instructor(s), the staff of Adventure Dive & Travel, Inc., Adventure Dive & Travel, Inc., their respective employees, officers, agents, contractors and assigns (Released Parties), for all injuries, damages, death or other loss which may occur as a result of participation in this Program, whether caused by the negligence of the Released Parties or otherwise.

I further agree to hold harmless and indemnify the Released Parties from any claim or lawsuit by me, my personal representative, estate, heirs, or assigns, arising out of participation in this Program, including attorney fees, costs and expenses.

I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free will. If any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement and the remaining provisions of this Agreement will then be construed as though the unenforceable provision had never been included.

I have read and understand the contents of this Swimming Programs Release and Waiver of Liability before signing. In making this release it is understood and agreed that the undersigned relies wholly upon his/her/their own judgment, belief and knowledge and this release is not executed in reliance upon any statement or representation of the Released Parties or their representatives.

Signature (Parent or Guardian)

Date

Adventure Dive & Travel Guidelines & Policies

1. NO food, drink or gum in pool area. Water in a plastic bottle is OK.
2. Floatation is to be worn if swimmer is under 4ft tall or if cannot swim 25 yards.
3. There will be a \$300 pool sanitation fee for throw-up or bowel movement in the pool.
4. If child is not potty trained they must wear a swim diaper (reusable or disposable) Regular diapers are not permitted!
5. No Running in Pool Room – this must be strictly enforced.
6. The sales floor of the store is NOT permitted to unsupervised children. There are many items in the store that can be hazardous and are very expensive.

I have read and understand the *Adventure Dive & Travel Program Guidelines and Policies* and understand that I will be held accountable on behalf of my child if any action needs to be taken.

Signature (Parent or Guardian)

Date