



MONTEREY BAY AQUARIUM MEDICAL WAIVER, RELEASE AND EMERGENCY INFORMATION FOR MINOR PARTICIPANTS IN AQUARIUM PROGRAMS

I am the parent or legal guardian of the minor named below and have the legal capacity and authority to act on his or her behalf. I agree to the terms of this Medical Waiver, Release and Emergency Information ("Agreement") in consideration for the minor to participate in the **Underwater Explorers** program ("Program") on the date indicated below with the Monterey Bay Aquarium Foundation ("Aquarium").

- Release of Liability:** I, on behalf of the minor, myself, my heirs, executors and assigns hereby release the Aquarium and its officers, directors, employees, volunteers and representatives from all liability or claims that arise from the minor's participation in the Program and his or her use of equipment or facilities provided as part of the Program or for loss or damage to property or bodily injury or death. This includes, without limitation any claims or demands that arise from the active or passive negligence of the Aquarium, and its officers, directors, employees, volunteers and representatives.
- Indemnification:** I agree to indemnify, defend and hold the Aquarium and its officers, directors, employees, volunteers and representatives harmless against all liability, demands, claims, costs, losses, damages, recoveries, settlements and expenses (including interest, penalties, attorney fees, accounting fees and expert witness fees) incurred by the Aquarium, known or unknown contingent or otherwise, directly or indirectly arising from or related to the minor's participation in the Program.
- Assumption of Risk:** I acknowledge and agree to assume any and all known and unknown risks of the minor participating in the Program:
 - 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;
 - I agree that 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; and
 - 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.
- Medical Release:** 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 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.

If any of the following conditions apply to the minor, participation in the program may not be advised without further evaluation. Please circle all that apply:

Behavioral health, mental, nervous system or psychological disorders	Recently had an operation, cold or chronic illness	Current asthma, emphysema, tuberculosis, sinus or respiratory disease
History of heart conditions	Currently taking medications that carry a warning about any impairment of physical or mental abilities	Recurrent back problems back or spinal injuries/surgery.
Re-current ear problems, ear tubes, ear disease, surgery or infection	History of seizures, dizziness, or fainting	Allergic Reactions
Currently prescribed an inhaler or insulin pump		Other (please note below)

Explanation of any conditions circled above: _____

Name of Minor:	
Age of Minor:	
Name of Parent or Legal Guardian:	
Relationship to Minor:	
Phone Number:	
Date of Program: (Month/Day/Year)	
Signature of Parent or Legal Guardian:	
Date of Signature: (Month/Day/Year)	