

Encounter: _____

Encounter Time: _____



MINOR REGISTRATION INFORMATION

Name of Parent or Natural Guardian – PLEASE PRINT

First Name MI Last Name

Mailing Address

City State/Province

Zip/Postal Code Country

(_____) _____
Home Phone Email

Waiver and Release

Please read carefully, fill in all blanks, identify all children or minors, and sign where indicated.

I _____, expressly understand and agree that in consideration of Keys Encounters, Inc. d/b/a Florida Keys Aquarium Encounters, and A Deep Blue Dive Center Corporation allowing my child/children or minor(s) under my care as natural guardian to participate in an Aquarium Encounters activity, that may involve snorkeling, skin diving, scuba diving or diving on the surface or underwater on compressed or non-compressed air, in an aquarium tank or salt water lagoon, and interacting with sharks, stingrays, and other marine life, the undersigned has been asked to read and execute this Waiver and Release.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF KEYS ENCOUNTERS, INC. D/B/A FLORIDA KEYS AQUARIUM ENCOUNTERS, AND A DEEP BLUE DIVE CENTER CORPORATION, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR

CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM KEYS ENCOUNTERS, INC. D/B/A FLORIDA KEYS AQUARIUM ENCOUNTERS, AND A DEEP BLUE DIVE CENTER CORPORATION IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND KEYS ENCOUNTERS, INC. D/B/A FLORIDA KEYS AQUARIUM ENCOUNTERS, AND A DEEP BLUE DIVE CENTER CORPORATION HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Minor Name and Birthdate _____

Minor Name and Birthdate _____

Minor Name and Birthdate _____

Minor Name and Birthdate _____

Minor Name and Birthdate _____

Minor Name and Birthdate _____

BY SIGNING THIS DOCUMENT, I HEREBY CERTIFY THAT I HAVE DONE SO VOLUNTARILY AND THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT IN ITS ENTIRITY. I FULLY AGREE TO THE TERMS AND CONDITINS HEREIN AND REALIZE THAT THEY ARE GIVEN IN EXCHANCE FOR MY CHILD/CHILDREN OR MINOR(S) LISTED ABOVE BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES OFFERED BY RELEASED PARTIES.

Signature of Parent or Natural Guardian _____

Print Name _____ Date _____

Signature of Encounter Guide: _____