

DIVE-IN SNORKELING ADVENTURE CAMP

Name (Student): _____ Age: _____

Name (Parent/Guardian): _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact Name/Phone: _____

Camp Dates: _____

Medical Details (**Please circle all that apply**)

None Diabetes Heart Condition Asthma Epilepsy

Other: _____

Spring Break Circle One: \$200 p/week (9-1PM) \$270 p/week (9-3PM) Check Cash Zelle
Summer Camp Circle One: \$200 p/week (9-1PM) \$270 p/week (9-3PM) Check Cash Zelle
Thanksgiving Circle One: \$200 p/week (9-1PM) \$270 p/week (9-3PM) Check Cash Zelle
Christmas Circle One: \$200 p/week (9-1PM) \$270 p/week (9-3PM) Check Cash Zelle

Please pay with Zelle using 561-319-1421 or make checks payable to "Terry Kimball" and mail to 1907 E Wheeler Rd, North Palm Beach, FL 33408.

No Refunds – Make up days are subject to approval.

Release Form

In applying to enter my son, daughter, relative or friend in the Dive-In Snorkeling Program, I promise to inspect the snorkeling site, and assure myself that the area is safe for snorkeling and other activities. I further agree that I will not participate unless I am satisfied that the area and conditions are safe.

I understand and comply with all Dive-In Snorkeling Program rules and regulations, note existing weather conditions, and so agree that I voluntarily assume all risk from conditions related to the use of snorkeling camp site by myself and others.

I understand that Dive-In Snorkeling Program is not responsible for any lost, stolen, or damaged items.

In consideration of your acceptance of my entry, I'm intending to be legally bound, hereby, for myself, son, daughter, relative or friend, and hold harmless and release and forever discharge the Dive-In Snorkeling Program, their members, and any members connected with this snorkeling program from all liability for injuries and damage whatsoever.

I attest that my son, daughter, relative or friend is physically fit and is sufficiently trained for this event and do hereby grant the sponsors such release as described herein.

Signature of Parent or Guardian

_____ Date: _____



Assumption of Risks and Release of Liability
Relating to Coronavirus 2019/ COVID-19

I, the undersigned, acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") has stated that "the best way to prevent illness is to avoid being exposed to this virus." Additional information on the CDC's guidelines related to COVID-19 may be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/about.html>

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in Summer Camp and other programs operated by Palm Beach County ("County"). I acknowledge that the County will not provide masks for my child(ren) and I will be solely responsible for providing my child(ren) with a mask daily. I acknowledge that mask requirements may vary by activity and are not required to be worn by child(ren) at all times while in the Summer Camp and other programs.

I acknowledge that County employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although the County takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the County cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in the County's programs, I am exposing my child(ren) and myself (and other family members) to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected with COVID-19 may result from actions, negligence, and failures to act by myself and others, including, but not limited to, County employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my child(ren) may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 before, during, and after my child(ren)'s participation in the County's programs. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the County, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of the County or any of the County's employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after my child(ren)'s participation in the County's programs.

Parent or Guardian's Signature

Parent or Guardian's Name Printed

Date

Child(ren)'s Name (first & last)