

# DIVE-IN SNORKELING ADVENTURE CAMP

Name (Student): \_\_\_\_\_ Age: \_\_\_\_\_

Name (Parent/Guardian): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

## Medical Details (Please circle all that apply)

None

Diabetes

Heart Condition

Ashma

Epilepsy

Other: \_\_\_\_\_

Payment Options:    \$165 p/week (9-1PM)        \$195 p/week (9-3PM)

Check or Cash – Please make checks payable to “Terry Kimball”

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## Release Form

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

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.

In consideration of your acceptance of my entry, I'm intending to be legally bound, hereby, for myself, son, daughter, relative or friend, 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 what so ever.

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

Signature of Parent or Guardian

\_\_\_\_\_ Date: \_\_\_\_\_