

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name/Phone of Emergency Contact: _____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) if so, please explain: _____.

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the Aquari-OM classes offered at Maui Ocean Center. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Aquari-OM class. I understand the risks associated with the activities offered by Maui Ocean Center and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Maui Ocean Center, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in Aquari-OM. In taking part in the Aquari-OM program at Maui Ocean Center, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: _____

Signature: _____ Date Signed: ____/____/____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

Print name: _____

Signature: _____ Date Signed: ____/____/____