

CAMPER INFORMATION

Camp: Dive Into STEM

Camp week: June 22-26 August 3-7

Name: _____

Age: _____

Allergies & Medical Conditions:

Relevant Medications & Instructions:

EMERGENCY CONTACT(S)

Name: _____

Name: _____

Relationship to camper: _____

Relationship to camper: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Additional Information

Is there anything else you would like us to know about your child so that we may offer him or her the best possible summer camp experience? _____

Signature (Parent/Guardian)

Date



214-B Beacon Drive · Winterville, NC 28590 · Phone: 252-439-4390 · Fax: 252-439-4391

CAMP RELEASE

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FOR **SNORKELING, SKIN DIVING AND SCUBA.**

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin diving and Try Scuba. I fully understand that there are risks associated with these water sports.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as any injury incurred during transportation and activities scheduled during the camp. This includes the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees):

Rum Runner Dive Shop

Aquaventure

Instructor(s): Carolyn Wagner, Jacob Clark, Peter Wagner

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Signature of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have.

_____ Date _____

Name: _____

Parent Name: _____

Email: _____