

BREEF Field Trip Registration & Liability Waiver Form (Participant)

Form must be completed by all participants and returned 3 working days before the field trip date.

Field Trip Location:	BREEF Sea Camp Eleuthera		Field Trip Dar (dd/mm/yy)	te: July 19-22, 202	22
Participant's Name:			Date of Birth: (dd/mm/yy)		
Home Address:			(****/ ******/))		
Email Address:			Phone Contac	+.	
Elliali Address.			riione contac	ι.	
School/Workplace					
Affiliation: Person to Contact In Case of Emergency					
Name:	Terbon to dontact	In case of I	Relation:		
Emergency Phone	Mobile:	Home:		Work:	
Contact #:					
	 HEALTH I	 NFORMATI(ON		
Do you have any medical conditions that we should be aware of? If so, please specify.					
If you have medical insurance, please specify the: Insurance Company:					
Name of Primary			Policy Number	er:	
Policy Holder:					
LIABILITY WAIVER:					
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I, (please print name), agree to participate in BREEF marine					
ecosystem field trip activities, which may include water-based activities and also land-based activities on					
uneven terrain. I verify that I am physically fit and able to take part in all activities. I will not hold BREEF, its officers, agents, employees or anyone acting on its behalf, responsible or liable for any injury or loss					
incurred by me during the course of field trip activities or related travel. I also authorize BREEF to					
transport or to obtain medical care that may become necessary for me in the course of field trip activities.					
BREEF documents field trips using photo and or video which will be used for educational purposes and					
promotions. I understand that signing this waiver indicates agreement to the terms and conditions					
described in this document.					
Signature:			Date:		
Signature.			Date.		
(Required if participant is 17yrs. or younger)					
Parent's/Guardian's	(14 31 9 7 11 10 19	- - - - - - - -	Date:		
Signature:					