

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 Nassau		Field Trip Date (dd/mm/yy)	
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Participant's Name:			Date of Birth: (dd/mm/yy)	
Home Address:				
Email Address:			Phone Contac	rt:
School/Workplace Affiliation:				
Person to Contact In Case of Emergency				
Name:			Relation:	
- pl	2.0	l		,
Emergency Phone Contact #:	Mobile:	Home:		Work:
HEALTH INFORMATION				
Do you have any medical conditions that we should be aware of? <i>If so, please specify</i> .				
20 you may and medical committees and the small of an are on 1, 50, produce apolicy.				
If you have medical insurance, please specify the:				
Insurance Company:		,,,		
Name of Primary			Policy Number	er:
Policy Holder:				
LIABILITY WAIVER:				
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				
= = = = = = = = = = = = = = = = = = =	n medical care that may becon			
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:	
(Required if participant is 17yrs. or younger)				
Parent's/Guardian's		<u>-</u>	Date:	
Signature:				