



## BREEF Field Trip Registration & Liability Waiver Form (Participant)

Field Trip Location:	BREEF Sea Camp Eleuthera	Field Trip Date: (dd/mm/yy)	July 15th-18th 2024
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Participant's Name:	Date of Birth: (dd/mm/yy)
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Home Address:
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Email Address:	Phone Contact:
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School/Workplace Affiliation:
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### *Person to Contact In Case of Emergency*

Name:	Relation:
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Emergency Phone Contact #:	Mobile:	Home:	Work:
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### HEALTH INFORMATION

Do you have any medical conditions that we should be aware of? <i>If so, please specify.</i>
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### If you have medical insurance, please specify the:

Insurance Company:	
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Name of Primary Policy Holder:	Policy Number:
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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 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:
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### *(Required if participant is 17yrs. or younger)*

Parent's/Guardian's Signature:	Date:
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