

# MIDWEST AQUATICS SWIM AND SCUBA CENTER PERSONAL TRAVEL INFORMATION REQUEST AND RELEASE

PLEASE PRINT CLEARLY AND COMPLETELY FILL OUT THIS FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Legal name as it appears on passport, birth certificate, or marriage certificate. No nicknames)

E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Passport Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ ID Number \_\_\_\_\_

Dive Accident Insurance Carrier \_\_\_\_\_ ID Number \_\_\_\_\_

(Midwest Aquatics strongly urges that all divers carry dive insurance in case of any dive related injury. Without such insurance you are significantly increasing your chances of long term problems if such an accident should occur. If you choose not to have such insurance you must complete the following statement:

I \_\_\_\_\_ do not carry dive insurance and recognize that in case of a dive related injury, treatment may be delayed or even withheld. I will not hold Midwest Aquatics or its staff responsible in such an incident. Signature \_\_\_\_\_)

Certification Level \_\_\_\_\_ Certification Agency and Number \_\_\_\_\_

Allergies or drug reactions \_\_\_\_\_

Medical conditions we should know about \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

(OVER)

I, \_\_\_\_\_, HEREBY REQUEST PERMISSION TO PARTICIPATE IN SCUBA DIVING/SNORKELING ACTIVITIES TO BE HELD AT \_\_\_\_\_ DATE \_\_\_\_\_.

I KNOW THE RISKS AND DANGERS INVOLVED IN SUCH ACTIVITIES, AND THAT UNANTICIPATED AND UNEXPECTED DANGERS MAY ARISE DURING SUCH ACTIVITIES, AND I ASSUME ALL RISKS OF INJURY TO MY PERSON AND PROPERTY THAT MAY BE SUSTAINED IN CONNECTION WITH THE STATED AND ASSOCIATED ACTIVITIES;

IN CONSIDERATION OF THE PERMISSION GRANTED TO ME TO PARTICIPATE IN THE STATED ACTIVITIES, I HEREBY, FOR MYSELF, MY HEIRS, ADMINISTRATORS AND ASSIGNS, DO RELEASE, DEMISE AND DISCHARGE THE OWNERS, OPERATORS AND SPONSORS OF THE ACTIVITIES AND THEIR RESPECTIVE EMPLOYEES, AGENTS, OFFICERS AND ALL OTHER PARTICIPANTS IN THE STATED ACTIVITIES OF AND FROM ALL CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTIONS OF ANY SORT, FOR INJURIES SUSTAINED TO MY PERSON AND/OR MY PROPERTY DURING MY PRESENCE ON THE ABOVE ACTIVITY AND MY PARTICIPATION IN THE STATED ACTIVITIES DUE TO NEGLIGENCE OR ANY OTHER FAULT.

I REPRESENT AND CERTIFY THAT MY TRUE AGE IS \_\_\_\_\_ YEARS, AND IF I AM UNDER THE AGE OF EIGHTEEN (18) YEARS, I REPRESENT AND CERTIFY THAT I HAVE THE PERMISSION OF MY PARENTS AND/OR GUARDIANS TO PARTICIPATE IN THE STATED ACTIVITIES AND THAT THEY HAVE FULL KNOWLEDGE THEREOF.

I CERTIFY THAT MY ATTENDANCE AND PARTICIPATION IN THE STATED ACTIVITIES IS VOLUNTARY AND THAT I AM NOT, THE EMPLOYEE, SERVANT OR AGENT OF THE OWNERS, OPERATORS OR SPONSORS OF THE ACTIVITIES THEREIN.

I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST AND RELEASE.

IN WITNESS THEREOF, I HAVE EXECUTED THE REQUEST AND RELEASE ON DATE \_\_\_\_\_.

PARTICIPANT \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

WITNESS \_\_\_\_\_