



Clearwater Marine Aquarium Waiver Form:

Name: _____ Date: _____

Address: _____

City / State / Zip: _____

Land & Cell Phone #s _____ Age: _____

In case of emergency, notify: _____

I understand that the Clearwater Marine Aquarium assumes no responsibility for any injury suffered by myself because of participation in the CMA programs, either on or off CMA premises. In case of emergency, I authorize the staff and management of CMA to seek medical attention for myself, as they deem appropriate. While enrolled in an Animal Encounters or Behind the Scenes program, neither I, nor my spouse, heirs, administrators, executors, and assigns of either, shall ever institute, nor aid in the institution of any action at law or otherwise against the Clearwater Marine Aquarium on account of injury to myself resulting from participation in any CMA program, and I, and my spouse, our heirs, administrators, executors, and assigns hereby release the Clearwater Marine Aquarium Inc., its Board of Directors, officers, employees, and agents from and against any and all claims for personal injuries occurring as a result of my participation in the Animal Encounters or Behind the Scenes Programs.

I understand that while participating in CMA programs, Animal Encounters or Behind the Scenes, CMA I may be in close proximity to wild animals and that there are inherent risks involved in being in close proximity to wild animals. I hereby assume all risks that may be incurred directly, or indirectly, as a result of my participating in CMA programs including, but not limited to, bites, scratches, fish allergies and other injuries inflicted by the resident otters, dolphins, and sea turtles and other wildlife, and I agree to not hold CMA liable for any such injuries that may result from contact with the animals located within, or outside of, the facility while participating in any CMA program.

I hereby grant permission for photo/videotape documentation of me while participating in any CMA program.

I am able to climb a flight of stairs and can follow directions completely.

Clearwater Marine Aquarium reserves the right to dismiss any participant from any CMA program at any time and for any reason.

I have read, understand, and agree to the above information.

Participant, Parent, or Legal Guardian Signature _____ Date _____

CMA Use Only		
<input type="checkbox"/> Behind the Scenes Tour/ Eco Combo	<input type="checkbox"/> Photo Opportunity	<input type="checkbox"/> Dolphin Encounter
<input type="checkbox"/> Wade Programs	<input type="checkbox"/> Trainer for a Day/ Dolphin Encounter	<input type="checkbox"/> Shadowing at CMA
<input type="checkbox"/> Day Camp Programs		