FOR ALL PARTICIPANTS

MEDICAL WAIVER AND EMERGENCY INFORMATION FOR PARTICIPANTS IN AQUARIUM PROGRAMS

I sign this form and the accompanying Agreement to Waive and Release All Claims in consideration for permission by Metro Parks Tacoma-Point Defiance Zoo & Aquarium for the participant named below to participate in an Eye to Eye Shark Dive program. I agree that all of the terms of the Agreement shall apply to any claims relating to the participation of myself or the minor named below in the program. This includes (but is not limited to) my agreements to waive and release all claims and to indemnify and hold the Metro Parks Tacoma-Point Defiance Zoo & Aquarium and its representatives harmless against any claims. If completing this for a minor's participation, I affirm that I am the parent or guardian of the minor named below and have the legal capacity and authority to act on his or her behalf.

I understand that Aquarium will take reasonable precautions to prevent accidents, administer simple first aid for all minor injuries, and call parents and/or a doctor whenever necessary. I am aware that there are risks to participation in the program, and I voluntarily consent to the participation of myself or the minor in the program.

I confirm that the participant is in stable health, and that the information I provide below about the participant's medical history is accurate to the best of my knowledge. I hereby give my consent to representatives of the Aquarium to provide all emergency medical or dental care prescribed by a duly licensed health care provider. I understand that care may be given under whatever conditions are necessary to preserve the well-being, limb or life of the participant.

Name of Participant:_____ **Age:** ____ **date of birth:** _____

Doctor's Name and Telephone Number: _____ (___) _____

Participant Medical History Questionnaire: Conditions listed are not necessarily disqualifying for participation, but may require alterations to the program, or consultation with the participant's physician prior to participation.

Yes/No		Yes/No		Yes/No	
☐ ☐	Currently have a cold or congestion	☐ ☐	A history of respiratory disease, or diagnosis of COVID - 19	☐ ☐	Amputee/absence of any limb
☐ ☐	Recent or current ear infection	☐ ☐	Current asthma, emphysema, tuberculosis	☐☐	Allergic reactions (Latex drysuit seals, shellfish etc…)
☐ ☐	History of sinus problems/bloody nose	☐ ☐	Currently prescribed an inhaler **(Prescribed inhalers MUST be brought to the program)**	☐ ☐	Recently had an operation or illness
☐ ☐	Recurrent ear problems, ear tubes, ear disease or surgery	☐ ☐	Diabetes - **Blood sugar level before dive ok? YES/NO**	☐ ☐	Currently taking medications that carry a warning about any impairment of physical or mental abilities
☐ ☐	Nervous system disorder	☐ ☐	Recurrent back problems, back or spinal injuries/surgery	☐ ☐	Currently pregnant
☐ ☐	Behavioral health, mental or psychological disorders (including ADD, ADHD)	☐ ☐	Under the care of a physician or have chronic illness	☐ ☐	History of or currently a smoker
☐ ☐	History of heart conditions			☐ ☐	Alcohol consumption or recreational drug use within the last 8 hours?
☐ ☐	High blood pressure			☐ ☐	Other (please note below)
☐ ☐	History of seizures, dizziness, or fainting				

Explanation of any relevant condition(s):

_____

_____

I understand that past and present medical conditions may contradict participation in this activity as well as elevate the risk of injuries, including but not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death.

Two Emergency contacts (names and telephone numbers):

Name: _____ Phone: (___) _____ Name: _____ Phone: (___) _____

Participant Signature: _____ Date: _____

If Participant is a minor:

Name: _____ Telephone: (___) _____

Parent, Legal Guardian or Authorized Representative During the program

Signature: _____ Date: _____

Parent, Legal Guardian or Authorized Representative