

**ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS**

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend any Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

**Important!** The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

Program Name: [dotted] Program date: [dotted] / [dotted] / [dotted]  
(MM/DD/YY)

**Participant Name:**

Last: [dotted] First: [dotted] Birth date: [dotted] / [dotted] / [dotted]  
(MM/DD/YY)

**Guardian Name:**

Last: [dotted] First: [dotted]  
Home Phone: ( [dotted] ) [dotted] - [dotted] Cell Phone: ( [dotted] ) [dotted] - [dotted]  
Work Phone: ( [dotted] ) [dotted] - [dotted]

Address: [dotted]  
City: [dotted] State: [dotted] Zip: [dotted]  
Email: [dotted]

If you attend any Ocean Institute activities, and if others under your care attend any Ocean Institute activities, then by signing this document or by your attendance you and such other persons shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

[Signature Box]

Date: [dotted] / [dotted] / [dotted]  
(MM/DD/YY)

Parent/Guardian Signature (Participant's signature if 18 or older)

Check here if you do not want to receive information on upcoming events and activities at the Ocean institute.



**PROGRAM INFORMATION FORM FOR SEA FLOOR EXPLORER DAY PROGRAM**

Please complete this form and return it to the Ocean Institute's Sea Floor Explorer Coordinator at least four weeks before your program date.

School \_\_\_\_\_ Program Date \_\_\_\_\_

Teachers \_\_\_\_\_

**Number of Participants:** Students \_\_\_\_\_ Adults \_\_\_\_\_ Teachers \_\_\_\_\_

Are there any participants with special needs (wheelchairs, casts, asthma, allergies)? If yes, please explain ways that we can help with accommodations (attach sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What topics have you covered in your classroom pre-trip preparation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to:**

Tracy Kirby, OEC Overnight Coordinator  
Ocean Institute  
24200 Dana Point Harbor Drive  
Dana Point, CA 92629

OR

**Fax to:**

Tracy Kirby  
(949) 496-4296

**R/V SEA EXPLORER MANIFEST**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School/Group: \_\_\_\_\_

**Ocean Institute** Program: Sea Floor Explorer Day Program

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Total: \_\_\_\_\_

- |           |           |
|-----------|-----------|
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