

MERROW Aquaneers
MASTER WAIVER AND RELEASE AGREEMENT

Mission Name: _____ (the "Mission")
Participant's Name: _____ (the "participant")

If Participant is a Minor (under 18 years of age), then the term "Participant" hereinafter means and includes the individual named above and each individual's parent or guardian, who has executed this Master Agreement below.

BY SIGNING BELOW, PARTICIPANT (A) WARRANTS AND REPRESENTS THAT PARTICIPANT HAS READ AND UNDERSTOOD THE WRITTEN DOCUMENTATION THAT DESCRIBES THE MISSION THAT ACCOMPANIED THIS MASTER AGREEMENT AND THE (1) STATEMENT OF UNDERSTANDING & WAIVER OF LIABILITY AND RELEASE AGREEMENT, (2) PRIVACY AND PUBLICITY RIGHTS AGREEMENT, (3) COPYRIGHT ASSIGNMENT AGREEMENT, AND (4) OTHER TERMS AND CONDITIONS OF MASTER AGREEMENT (COLLECTIVELY, THE "AGREEMENTS") AND (B) AGREES TO EACH OF THE AGREEMENTS WITHOUT EXCEPTION OR CONDITION (AND SUCH ACCOMPANYING DOCUMENTATION AND AGREEMENTS ARE HEREBY INCORPORATED IN THIS MASTER AGREEMENT VERBATIM BY THIS REFERENCE)

Participant Signature _____
Date: _____

NOTICE TO THE MINOR CHILD'S PARENT OR GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. BY SIGNING BELOW, YOU ARE AGREEING TO ALLOW YOUR MINOR CHILD TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ANY ONE OF THE REPRESENTATIVES OF MERROW OR SEAHORSE COASTAL CONSULTING USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THIS ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MERROW FOUNDATION OR SEAHORSE COASTAL CONSULTING IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MERROW FOUNDATION AND SEAHORSE COASTAL CONSULTING HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU NOT SIGN THIS FORM.

Parent's/Guardian's Signature: _____
Print Parent's/Guardian's Name: _____
Date: _____

EMERGENCY CONTACT INFORMATION
Form must be complete to be effective.

Name of Individual: _____ Date: _____

Emergency Contact 1: _____ Relation: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Other Phone: _____

Full Address: _____

Emergency Contact 2: _____ Relation: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Other Phone: _____

Full Address: _____

MERROW Aquaneers
Pre-Mission Medical Checklist

Name of Participant: _____

Please answer either YES or NO to each of the following questions. *If you are not sure which, answer YES.*

During the Mission, do you anticipate or expect to be ...

_____ taking any prescription drugs?
_____ taking any over-the-counter drugs?

If so, indicate what drugs you anticipate or expect to be taking:

In the **30 days preceding the Mission**, have you had ...

_____ an asthma attack or wheezing (with or without exercise)?
_____ a cold, sinusitis, or bronchitis?
_____ severe allergy reaction (or carry medication or prevent them)?
_____ any surgery (inpatient or outpatient)?
_____ any major dental work (e.g. tooth extractions, fillings)?
_____ any other illness, injury or medical condition?

If so, indicate what illness, or medical condition you suffered: _____

Have you ever had...

_____ claustrophobia or agoraphobia (fear of closed or open spaces)?
_____ epilepsy, seizures, or convulsions or take any medication to prevent?
_____ severe headaches (or take any medications to prevent)?
_____ blackout or fainting (full or partial loss of consciousness)?
_____ motion sickness (seasick, carsick, etc)?
_____ decompression sickness or other diving accident?
_____ diabetes?
_____ back, arm or leg problems resulting in surgery, injury or fracture?
_____ ear or sinus surgery?
_____ hernia or hernia surgery?
_____ ulcer or ulcer surgery?
_____ heart disease, lung disease, or blood disorder?

This information I have provided about my medical history is accurate to the best of my knowledge.

Agreed:

Participant's signature: _____ Date: _____

Parent's Agreement (if the participant identified above is under 18 years of age, then a parent/guardian of the participant must sign below):

The parent/guardian of the Participant hereby warrants and represents that he/she has read, understood, and helped the Participant complete this Checklist and that the Checklist is accurate and complete in all respects. The parent/guardian approves the participation of the Participant in the Mission.

Parent/Guardian's Signature: _____ Date: _____

Print Parent's/Guardian's Name: _____

MERROW Aquaneers
Education, Research, Recovery

