



<b>Office Use Only</b>	Initials:
Party Name:	
Date:	Time:
IMM DD Q	Paint T&F TFAD Camp

This document waives the liability of Marine Park of Flagler, Dolphin Conservation Center at Marineland, Marineland, Marine Studios, Jacoby Development Incorporated, and all their subsidiary and affiliated companies.

**READ THIS CAREFULLY**

1. I shall participate in activities with the dolphins at Dolphin Conservation Center Marineland which may include being in the water with the dolphins.
2. I understand that the physical activity has varying effects on individuals based upon their size, age, physical condition, and/or state of health. I further understand that it is my sole responsibility to determine my physical fitness for any activity, including participating in water activities with dolphins.
3. I hereby release, indemnify and hold harmless Marine Park of Flagler, Dolphin Conservation Center Marineland, Marineland, Marine Studios, Jacoby Development Incorporated and their subsidiary and affiliated companies, including all officers, directors, employees and agents from and against any claim for injury or cause of action arising out of or resulting from my participation in activities in or out of water offered by Dolphin Conservation Center Marineland.
4. I understand that Marine Park of Flagler, Dolphin Conservation Center Marineland, Marineland, Marine Studios, Jacoby Development Incorporated, and all of their subsidiaries and affiliated companies are not liable for the loss of or damage to my personal belongings while I am participating in activities offered by Dolphin Conservation Center Marineland.
5. I consent to the unlimited use, including but not limited to commercial advertising use, of my recorded image, voice, or photograph by Dolphin Conservation Center Marineland and its agents. No further permission is required beyond this consent.
6. I understand that entering the program is not recommended for pregnant women.
7. I have read and fully understand the rules of Dolphin Conservation Center Marineland.
8. I acknowledge that I have read this Waiver of Liability carefully and understand its meaning. I am voluntarily releasing the above named parties from liability arising out of or resulting from my participation in activities offered by Dolphin Conservation Center Marineland

Print Participant(s) Name \_\_\_\_\_

1. If participant is under 18, what is his/her age? \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Hotel \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I agree to pay the total amount for my programs according to card issuer agreement.)

**All participants must sign regardless of age.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant