

Orlando Diving Academy

Consent to Medical Treatment & Release of Identifiable Health Information

On behalf of my Minor Child, that I am registering as a participant of Orlando Diving Academy, I consent to Terrence Horner, Jacqueline Horner and Orlando Diving Academy to render medical treatment to my participant Minor Child, and to authorize medical treatment by a third party first responder, physician or hospital in the event an injury occurs while participating with Orlando Diving Academy. I hereby authorize the use or disclosure of my Minor Child's individually identifiable health information should treatment for illness or injury become necessary.

Image Release

On behalf of my Minor Child, that I am registering as a participant of Orlando Diving Academy, I hereby irrevocably consent to and authorize the use by Orlando Diving Academy (ODA), of any and all photographs, video, voice recordings, or other media taken of my Minor Child including derivative works thereof (collectively, the "Images"), and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity.

I also consent to the use of my Minor Child's name or likeness in connection with the exhibition, distribution, merchandising, marketing, advertising and/or publicizing of Images or ODA.

I hereby release and discharge ODA, its owners, officers, employees, licensees, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use of Images and the reproduction thereof as aforesaid. I understand and agree that ODA will be the exclusive owner of all rights, including, but not limited to, all copyrights, in and to the Images in whole or part, throughout the universe, in perpetuity, in any medium now known or hereafter developed, and to license others to so use them in any manner ODA may determine in its sole discretion, without any obligation to me or my Minor Child.

I hereby waive any right that I or my Minor Child may have to inspect and/or approve the use of the Images or any reproductions thereof by ODA.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with my participant Minor Child; understand and agree to be bound by the terms on behalf of myself and my participant Minor Child.

By Clicking on "**Consent to Treatment & Image Release**" I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with my participant Minor Child; understand and agree to be bound by the terms on behalf of myself and my participant Minor Child.
