Assumption Of Risk And Complete Release Of Liability

I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE Sea Experience, Inc., THEIR OWNERS, EMPLOYEES, AGENTS, AND ASSOCIATED PERSONNEL, AND THEIR BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED), HEREINAFTER REFERRED TO AS "RELEASED PARTIES", AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF ANY TYPE.

- I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH SNORKELING AND BOATING, included
 but not limited to equipment failure, perils of the sea, harm caused by marine creatures (including bites), acts of fellow
 participants, entering and exiting the water, boarding or disembarking boats, and activities on the docks and I HEREBY
 ASSUME SUCH RISKS.
- 2. I UNDERSTAND THAT I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.
- 3. I assert that I am physically fit to snorkel and ride on a boat and I will not hold the Released Parties responsible if I am injured as a result of ANY problems (medical, accidental, or otherwise) which occur while snorkeling, riding on the boat, or otherwise participating in the trip.
- 4. I will not remove my floatation device at any time while in the water. I acknowledge that doing so will constitute a violation of safety rules and procedures for which I expressly assume the risk.
- 5. If I become distressed at the surface, I will immediately inflate my floatation device for flotation assistance.
- 6. I fully understand that the involved boat has limited medical facilities and that in the event of illness or injury appropriate medical care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical facility. I agree in advance to these conditions.
- 7. The participating dive store and/or boat have made no representation to me implied or otherwise that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid I would like assistance and will not hold the Released Parties, their crew, dive boats or passengers responsible for their actions in attempting the performance or rescue or first aid.
- 8. IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE ALL RELEASED PARTIES AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING AND BOATING ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE MAINTENANCE OF THE EQUIPMENT OR ORGANIZATION OF THIS ACTIVITY.
- 9. I have carefully read this contract in its entirety, fully understand its contents, and agree to the terms and conditions of this contract on behalf of myself, my heirs, and my personal representatives. This document constitutes the final and entire agreement between Released Parties and the undersigned. There are NO WARRANTIES expressed or implied, which extend beyond the description of the activity listed on this form, THIS IS A COMPLETE RELEASE OF LIABILITY AND A LEGALLY BINDING CONTRACT.

I have read this agreement, am aware that it is a release of liability and a contract between myself and the Released Parties. I sign it of my own free will and agree to be bound by it, from the date of my signature, forever into the future.

Signature of Participant	Date	Emergency Contact & Telephone)
Print Name	Address	City	State Zip
provided above of all Releases and, for	r myself, my child, all ion in these programs	nsibility for this participant, do consent an heirs, assigns, and next of kin. I release and as provided above EVEN IF ARISING FROPERMITTED BY LAW.	l agree to indemnify and hold
Signature of Parent or Guardian Smorkeling Release 4/2012		Print Name of Parent or Guardian	Date

BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK Please read carefully and fill in all blanks before signing.

Ι,	, hereby affirm that I am a certified diver
or a student diver under the control and supervision of a certified scuba in scuba diving including those hazards occurring during boat travel to and fi are not limited to, air expansion injuries, drowning, decompression sickness boat while in the water, injuries occurring while getting on or off a boat, an am fully aware of and expressly assume these and all other risks involved recreational dive or part of a diving class. I understand and agree that neither Sea Experience Inc., Sea Experience Sta PADI, Inc., nor its affiliate or subsidiary corporations, nor the owners, officindividuals and/or entities (hereinafter "Released Parties") may be held liat trip which may result in personal injury, property damage, wrongful death may occur as a result of my participation in this boat trip and scuba dive(s Released Parties, whether passive or active. I further state that I am of lawful age and legally competent to sign this liab parent or guardian.	rom the dive site. I understand that these hazards include, but as, slipping or falling while on board, being cut or struck by a d other perils of the sea. By signing this release, I certify that I in making such a dive or dives, whether conducted as a sience Charters. Sea Experience Diving Schools, the vessel, nor International ers, employees, agents, or assigns of the above listed ble or responsible in any way for any occurrence on this dive or other damage to me or my family, heirs, or assigns that) or as a result of the negligence of any party, including the
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EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUATED PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVE LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PAI ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), AM FULLY AWARE OF AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDITED PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED IN RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.	R CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT SSIVE OR ACTIVE. LY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, BINDING AND WILL PRECLUDE ME FROM RECOVERING DUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE
PRINTED NAME	*
Participant's Signature	Date
Signature of Parent or Guardian	Date
Address	
City	State Zip
Email	
Phone Number	
Date of Birth: Month Day	Year
Emergency Contact	
Certification Agency Cert. Level & Number	