

COMPLETE LIABILITY RELEASE

For
ATLANTIC WRECK DIVING INC.

SNORKLER / BUBBLE WATCHER

1. I _____ UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT "ATLANTIC WRECK DIVING INC." AND RELEASE IT'S EMPLOYEES, ITS AGENTS, IT'S CAPTAINS, IT'S CREWS AND IT'S BOAT SEA LION (WHETHER OWNED, LEASED OR CHARTERED) 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.
2. _____ I have no intention of entering the water while wearing SCUBA equipment. I may however snorkel / swim while the boat is at anchor with the permission of the captain
3. _____ I acknowledge that I am a capable swimmer, I am comfortable in the water and am physically fit to snorkel. I will not hold any of the above named persons or entities; responsible if I am injured as a result of heart problems, lung problem, or other illnesses or medical problems which occur while swimming / snorkeling
4. _____ I do not have in my possession any illegal drugs, nor am I taking, nor have I consumed any drugs or medicines that would contraindicate swimming / snorkeling. I am not under the influence of alcohol nor am I hung over.
5. _____ Prior to leaving the dock. I will inspect all equipment to be used. I will notify the designated DIVEMASTER for the CHARTERER. it's employees or agents, if any of my equipment is not functioning properly. I will not hold "Atlantic Wreck Diving Inc" it's employees, it's agents. it's captains, it's crews and it's boat SEA LION (whether owned, leased or chartered) responsible for my failure to inspect my equipment prior to snorkeling.
6. _____ I will be present at and attentive to the safety briefing given, by the DIVEMASTER and the vessel's CAPTAIN and if there is anything that I do not understand or have been taught differently I will notify the vessels CAPTAIN immediately
7. _____ I will immediately exit the water if:
 - a. I feel uncomfortable with my swimming / snorkeling abilities and/or
 - b. conditions are worse than those, for which I have the experience for or I am comfortable swimming / snorkeling in.
8. _____ If I become distressed at the surface, I will IMMEDIATELY signal by waving my arm and/or blowing my whistle or using my signaling device.
9. _____ I fully understand that the dive boat has no medical facilities and is limited to basic first-aid and that in the event of illness or injury appropriate medical help must be summoned by radio and that medical treatment will be delayed until I can be transported to a proper medical care facility.
10. I _____ BY SIGNING THIS INSTRUMENT MY INTENTION IS TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFEREED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELIVE "ATLANTIC WRECK DIVING INC." AND RELEASE ITS EMPLOYEES, ITS AGENTS, ITS CAPTAINS, IT'S CREWS AND IT'S BOAT SEA LION (WHETHER OWNED, LEASED OR CHARTERED) 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 CONJUNCTION WITH SWIMMING / SNORKELING ACTIVITIES.
11. _____ I HAVE READ AND UNDERSTAND THE FOREGOING IN IT'S ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES.

DATE: _____ PRINTNAME: _____ SIGNATURE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

IN CASE OF EMERGENCY NOTIFY

NAME: _____ PHONE: _____

****PASSENGERS UNDER 18 YEARS OF AGE MUST ALSO HAVE THEIR PARENTS SIGNATURES *****

AS THE PARENT(S) OF THE ABOVE NAMED MINOR I/WE UNDERSTAND THE RISKS INVOLVED WITH SCUBA DIVING AND GIVE MY/OUR FULL PERMISSION FOR MY/OUR SON/DAUGHTER TO PARTICIPATE IN THIS ACTIVITY.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

PLEASE LIST ANY LOCAL ACCOMODATIONS ON THE REVERSE

rev. 06/17/2009