SEA EXPERIENCE, INC. RELEASE OF LIABILITY/ASSUMPTION OF RISK/ NON-AGENCY ACKNOWLEDGMENT FORM FOR SCUBA DIVING AND BOAT TRAVEL

Name	
Emergency Contact (name/number):	
Dive Accident Insurance	
Please read carefully before signing.	
Non-Agency Disclosure and Acknowledgment Agreement	
I understand and agree that PADI Members ("Members"), including Sea Experience, Inc., and/or any indiv PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PAMERICA, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Membusiness activities are independent, and are neither owned nor operated by PADI, and that while PADI est the standards for PADI diver training programs, it is not responsible for, nor does it have the right to controperation of the Members' business activities and the day-to-day conduct of PADI programs and supervision divers by the Members or their associated staff. I further understand and agree on behalf of myself, my he my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to PADI liable for the actions, inactions or negligence of Sea Experience, Inc., and/or the instructors and diversessociated with the activity.	o use PADI Inber Cablishes Irol, the Ion of Eeirs and Ihold
Liability Release and Assumption of Risk Agreement	
I, (Diver/Passenger), hereby affirm that I am a certified scuba diversus the inherent hazards of scuba diving including those hazards occurring during boat travel to and from the and while at the site (hereinafter collectively "Excursion"), and that these inherent hazards may result in seinjury or death.	rstand dive site
I understand these inherent risks include, but are not limited to, drowning, air expansion injuries, decompt sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; possi transmission of infection disease(s); slipping or falling while on board, being cut or struck by a boat while water, injuries occurring while getting on or off a boat, and other perils of the sea including harm caused by creatures; all of which can result in serious injury or death. I understand the Excursion will be conducted at that is remote, either by time or distance or both, from a recompression chamber and emergency medical	ble in the by marine at a site

I still choose to proceed with the Excursion. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether

conducted as a recreational diver or a student diver in a diving class.

Please print legibly:

I understand and agree that neither Sea Experience, Inc., Sea Experience Charters nor Sea Experience Diving Schools; nor the dive professional(s); nor the crew or owner of the vessel; nor the vessel itself; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that scuba diving and boat travel are physically strenuous activities and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Release Parties responsible for the same.

I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s)/vessel crew.

I understand safe dive practices recommend a refresher or guided orientation dive following a period of diving inactivity. I understand such refresher/guided dive is available through Sea Experience, Inc. for an additional fee. If I choose not to follow this recommendation I will not hold the Released Parties responsible for my decision.

I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement if found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/O	, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF TH ACKNOWLEDGMENT AGREEMENT, AND LIABILITY RELEA BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF	ASE AND ASSUMPTION OF RISK AGREEMENT BY READING
Participant Signature	Date (Day/Month/Year)
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)