

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

**Please print legibly:**

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (name/number): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**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 individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Sea Experience, Inc., and/or the instructors and divemasters associated with the activity.

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**Liability Release and Assumption of Risk Agreement**

I, \_\_\_\_\_ (Snorkeler/Passenger), hereby affirm that I thoroughly understand the inherent hazards of snorkeling and those hazards occurring during boat travel to and from the dive site and while at the site (hereinafter collectively "Excursion"), and that these inherent hazards may result in serious injury or death.

I understand these inherent risks include, but are not limited to, drowning; possible transmission of infection disease(s); slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea including harm caused by marine creatures; all of which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either by time or distance or both, from emergency medical facilities. 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 snorkeling.

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 participate in the Excursion. I further state that I am not under the influence of alcohol or any drugs that are contradicted to the Excursion. If I am taking medication, I affirm that I have seen a physician and have approval to participate in the Excursion while under the influence of the medication/drugs. I understand that snorkeling 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 affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not snorkel 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 snorkel with equipment that may not be functioning properly.

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. If I become distressed at the surface, I will immediately inflate my floatation device for flotation assistance

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 is 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.

I, \_\_\_\_\_ (Snorkeler/Passenger), BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)