

**CAPTAIN SLATE'S DIVE CENTER, INC./DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES /CAPTAIN SLATE'S ATLANTIS DIVE CENTER**

**SNORKEL TRIP / PASSENGER COMPLETE LIABILITY RELEASE**

1. I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH SNORKELING AND BOATING, including but not limited to equipment failure, perils of the sea, acts of other participants, adverse sea and weather conditions 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 **CAPTAIN SLATE'S DIVE CENTER, INC./DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/CAPTAIN SLATE'S ATLANTIS DIVE CENTER** or its employees, agents, or other associated personnel 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 snorkel vest (buoyancy control device or B.C.) 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 snorkel vest for floatation and signal for 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 **CAPTAIN SLATE'S DIVE CENTER, INC./DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/ CAPTAIN SLATE'S ATLANTIS DIVE CENTER**, its crew, dive boats or passengers responsible for their actions in attempting the performance or rescue or first aid.
8. I agree to forever discharge and release hold **CAPTAIN SLATE'S DIVE CENTER, INC./DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/ CAPTAIN SLATE'S ATLANTIS DIVE CENTER**, its employees and agents, the owners of the boats, and their employees and agents, from any and all responsibility or liability for any and all injuries or damages. I agree NOT to make a claim against or sue any of the above parties for injuries or damages, whether they arise from any NEGLIGENCE or other liability. I further specifically agree, on behalf of myself, my heirs and assigns, to indemnify and hold harmless the released parties for any and all causes of action arising as a consequence of any incidents which might occur as a consequence of my participation in any snorkeling activities with or involving the released parties.
9. I hereby grant Frazier Nivens, Ocean Imaging the absolute & irrevocable right to publish any form of imaging by them taken at Capt. Slates Scuba Adventures for any purpose whatsoever without restriction. My signature on this release form grants use of my image.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT, FROM THE DATE OF MY SIGNATURE, FOREVER INTO THE FUTURE.

**INDIVIDUALS UNDER AGE 18 MUST HAVE PARENT'S SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Group Name: \_\_\_\_\_ Local Accommodations: \_\_\_\_\_