



# Trip and Activity Waiver

Trip/Activity Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS OR PO BOX (LINE 1)		ADDRESS (LINE 2)	
CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PRIMARY PHONE NUMBER (MOBILE IS BEST)		E-MAIL ADDRESS	

I, the undersigned, am either a custodial parent or legal guardian of the above-named minor (hereinafter “my child”) and I am signing this document on his or her behalf

This is a release of my child’s rights to sue Aquatic Ventures LLC and its employees, agents and assigns (hereinafter “released parties”) for personal injuries or wrongful death that may occur during dive activities as a result of the inherent risks associated with scuba diving or as a result of the negligence of the released parties.

- I acknowledge that my child is a certified scuba diver trained in safe diving practices.
- My child is aware of the risks inherent in this sport and accepts these risks.
- My child is in good mental and physical fitness for diving, and is not under the influence of alcohol, nor is he or she under the influence of any drugs that are contra indicatory to diving. If my child is taking medication, I affirm that I have seen a physician and have approval for my child to dive while under the influence of the medication/drugs.
- My child is aware of the dangers of breath holding while scuba diving, and will not hold the Released Parties and related entities (such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if he or she is injured doing so.
- My child is aware that he or she will be diving with a buddy, and it will be his or her responsibility to plan their dive allowing for his or her diving limitations and the prevailing water conditions. My child will not hold the Released Parties responsible for his or her failure to safely plan their dive.
- My child will inspect all of his or her equipment prior to the activity and will notify the Released Parties if any of their equipment is not working properly. My child will not hold the Released Parties responsible for his or her failure to inspect their equipment prior to diving.
- I acknowledge that my child is physically fit to scuba dive, and he or she will not hold the Released Parties responsible if they are injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.

- My child understands that even though he or she follows all of the appropriate dive practices, there is still some risk of sustaining decompression sickness, embolism or other hyperbaric injuries, and he or she expressly assumes the risk of said injuries.
- My child expressly assumes the risk and accepts all responsibility to plan his or her dive and dive that plan.
- My child understands that scuba diving is a physically strenuous activity and that he or she will be exerting themselves during this diving excursion, and that if my child is injured as a result of a heart attack, panic, hyperventilation, etc., that he or she expressly assumes the risk of said injuries and will not hold Released Parties responsible for the same.
- I understand that on this open-water diving trip, my child will be at a remote site and that there will not be immediate medical care or hyperbaric care available, and he or she expressly assumes the risk of diving in such a remote spot.
- It is my intention on behalf of my child to, by this instrument, exempt and release Aquatic Ventures LLC and all related entities as defined above from all liability whatsoever for personal injury, property damage, wrongful death however caused, including, but not limited to, the negligence of the released parties.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY. BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED, BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

- PARENT
- GUARDIAN

Participant Signature

Date