Release of Liability/Assumption of Risk/Non-Agency Acknowledgment Form

PADI SWIM, DISCOVER MERMAID, SKIN DIVER AND DISCOVER SNORKELING PROGRAMS, COURSES, EXPERIENCES AND RELATED ACTIVITIES LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that the facility through which this program is offered, and its associated staff, are licensed to use various SAI and PADI Trademarks and to conduct SAI and PADI training, but are not agents, employees or franchisees of Starfish Aquatics Institute, Inc. ("SAI") or PADI. I further understand that these business activities are independent, and are neither owned nor operated by SAI nor PADI, and that while SAI establishes the standards for PADI Swim Programs, and PADI establishes the standards for PADI snorkeling, skin diving and Discover Mermaid training, neither SAI nor PADI is responsible for, nor do they have the right to control, the operation of the facility's business activities and the day-to-day conduct of its swim/snorkeling/skin diving or Discover Mermaid programs/experiences and/or related activities. 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 program, neither I nor my estate shall seek to hold SAI or PADI liable for the actions, inactions or negligence of *Reefs and Wrecks Remembered LLC OR Neverland Scuba, LLC* (PADI Swim School, PADI Dive Centre or PADI Dive Resort Name) and/or the instructors associated with its swimming/ snorkeling/skin diving or Discover Mermaid programs/courses/experiences and/or related activities.

Liability Release and Assumption of Risk Agreement

I am aware that participation in swimming/snorkeling/skin diving and Discover Mermaid programs/courses/experiences and related activities has inherent risks that may result in serious injury or death. I understand and agree that neither the instructor(s), nor the facility through which this program/course/experience and/or related activity is offered, *Reefs and Wrecks Remembered LLC OR Neverland Scuba, LLC* (PADI Swim School, PADI Dive Centre or PADI Dive Resort Name), nor Starfish Aquatics Institute, Inc. ("SAI"), nor PADI Americas, Inc. nor its affiliate and subsidiary corporations ("PADI"), nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my child, my family, estate, heirs or assigns that may occur as a result of participation in this program/course/experience and/or related activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

l,			(Parent/Participant),	on	behalf	of	myself	as	a	participant	in	а
swimming/snorkeling/skin di	iving/Discover N	∕Iermaid	program/course/exp	erience	e and/or	rela	ited activ	/ity	and/o	r on behalf	fofi	my
participating minor child,				_ (Chile	d's Name	e), a	cknowled	lge,	under	stand and	confi	rm
that:												

- In consideration of being allowed to participate in this program/course/experience and/or related activity, I hereby personally assume all risks of this program/course/experience and/or related activity, whether foreseen or unforeseen, that may befall me/my minor child while a participant in this program/course/experience and/or related activity, including, but not limited to, the academics, confined water and/or open water activities.
- I/my minor child am/is in good health and have/has no physical condition that that would prevent participation in this program/course/ experience and/or related activity. I understand that past or present medical conditions may be contraindicative to participation in the program/course/experience and/or related activity. I affirm that I/my minor child am/is not currently suffering from a cold or congestion or have an ear infection. I affirm that I/my minor child do/does not have a history of seizures, dizziness or fainting, or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I/my minor child do/does not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I/my minor child am/is not currently taking medication that carries a warning about any impairment of my physical or mental abilities.
- Swimming/snorkeling/skin diving and Discover Mermaid programs/courses/experiences and/or related activities are physically strenuous activities and that I/my minor child will be exerting myself/him or herself during this program/course/experience and/or related activity, and that if I/my minor child am/is 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 Released Parties responsible for the same.

•	I am of lawful age and legally competent to sign this liability release agreement. I understanot a mere recital, and that I have signed this Agreement of my own free act and with the my legal rights. I further agree that if any provision of this Agreement is found to be uner be severed from this Agreement. The remainder of this Agreement will then be construed had never been contained herein.	e knowledge that I hereby agree to waive inforceable or invalid, that provision shall
•	I understand and agree that I am not only giving up my right to sue the Released Parties be or beneficiaries may have to sue the Released Parties resulting from participant death. It do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwick Released Parties.	further represent I have the authority to
act wh	(Parent/Participant), by this instrument agr ofessional staff providing this swimming/snorkeling/skin diving or Discover Mermaid pro ivities, Starfish Aquatics Institute, Inc., PADI Americas, Inc., and all related entities as define atsoever for personal injury, property damage or wrongful death however caused, including eased Parties, whether passive or active.	gram/course/experience and/or related d above, from all liability or responsibility
ΑN	AVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE D THE NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT BY READING SELF, MY MINOR CHILD AND ALL HEIRS.	
	Participant Signature	Date (Day/Month/Year)
	Signature of Parent/Guardian (where applicable)	Date (Day/Month/Year)



FLORIDA ADDENDUM NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN

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 Reefs and Wrecks Remembered LLC OR Neverland Scuba, LLC AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS, 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 Reefs and Wrecks Remembered LLC AND/OR Neverland Scuba, LLC, AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS 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. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND Reefs and Wrecks Remembered LLC OR Neverland Scuba, LLCAND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent of Natural Guardian (where applicable)	Date (Day/Month/Year)
Please identify minor child/children participants below: (Minor Child means person under the age of 18)	
Minor Child Name	Birth Date (Day/Month/Year)