

REEF Field Survey / REEF Activity: ______Date(s):______

Liability Release and Assumption of Risk

PARTICIPANT & PROJECT INFORMATION

NAME: TELEP	'HONE #:		
ADDRESS:			
DIVE CERTIFICATION AGENCY: LEVEL	CERT #:	CERT DATE:	
TOTAL # DIVES NUMBER OF DIVES IN LAST YE	EARDA	TE LAST DIVE	
DETAILS OF DIVE INSURANCE (PROVIDER / POLICY NUM	(BER):		
EMERGENCY CONTACT 1: (Name/ Telephone)			
EMERGENCY CONTACT 2: (Name/ Telephone)			
LIABILITY RELEASE and ASSUMPTION OF RISK Please read carefully, fill in all blanks, and initial each	paragraph befor	e signing.	
I,,HEREBY DECTRAINED IN SAFE DIVING PRACTICES, AND AM AWARE CODIVING.	CLARE THAT I AM A OF THE INHERENT	A CERTIFIED SCUBA DIVER, HAZARDS OF SKIN AND SCUBA	
I understand and agree that, in consideration of my because of REEF Activity, neither Reef Environmental Educatemployees, officers, members, agents, or assigns [hereinafoliable or responsible in any way for injury, illness, death, of participation in the REEF Field Survey / REEF Activity, incequipment use, snorkeling, other water sports activity, or REEF Activity [hereinafter referred to as Diving Activities] including the Released Parties, whether passive or active.	ation Foundation, In fter referred to as the or other damages the cluding but not limit any other activity r ; or as a result of the	nc. (REEF), nor any of its ne Released Parties] may be hele at may occur as a result of my ted to scuba diving, dive boat us relating to this REEF Field Surve	se,
I understand that the sole function of REEF and its en REEF Field Survey / REEF Activity is to provide instruction and use of marine life survey forms. Although REEF emploscuba instructors / divemasters, and will give freely of the understand that they are not acting in the capacity as scub employees, officers, members, or agents do not lead and a Activities conducted during the course of this REEF Field S	n in and familiariza byees, officers, or age eir marine life know ba instructor / dive re not in any way ro	tion with marine life identificat gents may or may not be certifie dedge and experience, I master. I understand that REEF esponsibly or liable for any Divi	ion d
I understand that REEF is independent of and has no otherwise, with any resort, hotel, carrier, dive center, boat travel-related or Diving Activity-related service, equipmer Survey / REEF Activity. I further understand that REEF as equipment, or facility furnished by any such resort, hotel, firm either as to its availability, safety, quality, or conditionagent thereof.	t operator, or other nt, or facility in com sumes no liability o carrier, dive center	person or firm furnishing any nection with this REEF Field r responsibility for any service, , boat operator, or other person	

embolism, or other hyperbaric injuries can occur that understand that the Diving Activities may be conducted from such a recompression chamber. I still choose to	proceed with such Diving Activities in spite of the possible
influence of alcohol or any other drug that is contrain	itness for Diving Activities and that I am not under the dicatory to Diving Activities. If I am taking medication / approval to engage in Diving Activities while under the
REEF Field Survey / REEF Activity, and that if I am inj	y strenuous and that I will be exerting myself during this ured as a result of heart attack, panic, hyperventilation, will not hold the Released Parties responsible for same.
I will inspect all of my equipment prior to all Div responsible for my failure to inspect my equipment prior to all Div	9
heirs, or assigns that may arise out of my participation	arties from any claim or lawsuit by me, my family, estate, n in this REEF Field Survey / REEF Activity, including both REEF Activity or after I complete the REEF Field Survey /
	competent and qualified in law and equity to sign this ve acquired the written consent of my parent or guardian.
I understand that the terms herein are contractudocument of my own free act.	aal and not a mere recital, and that I have signed this
IT IS THE INTENTION OF	VHATSOEVER FOR PERSONAL INJURY, ILLNESS, VER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE
	TS OF THIS LIABILITY RELEASE AND ASSUMPTION OF OF MYSELF AND MY HEIRS. I INTEND AND AGREE TO
Signature of Participant	Date
Signature of Parent/Guardian (where applicable)	Date