DiverMojo

RELEASE OF LIABILITY/ASSUMPTION OF RISK/ACKNOWLEDGMENT FORM

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TRAVEL AND EXCURSIONS

PLEASE READ CAREFULLY. FILL IN ALL BLANK SPACES. WHEN COMPLETED, SIGN & DATE THE DOCUMENT.

LIABILITY RELEASE AND ASSUMPTION OF RISK

l,	Participant Name	, hereby affirm I am voluntarily engaging in the recreational activities planned for my
trip to		, which activities may include, but are not limited to, scuba diving, snorkeling,
boating and		If I engage in scuba diving, I affirm that I am a certified diver or a student diver under
in serious injury o		instructor, and that I am aware that skin and scuba diving have inherent risks which may result aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and other
for any occurrence estate, heirs or a	ce on this trip which may resu	einafter referred to as "Released Parties,") may not be held liable or responsible in any way It in personal injury, property damage or wrongful death or other damages to me, my family, sult of my participation in this trip or as a result of the negligence of any party, including the
I further state that I am of lawful age and legally competent to sign this Liability Release 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.		
l,	Participant Name	, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED
INJURY, PROPER	RTY DAMAGE OR WRONGFU	SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL IL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR ES, WHETHER PASSIVE OR ACTIVE.
ACKNOWLEDGE		HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE ND MY HEIRS.
	ame as a participant or guard ling of the completed form.	dian, and transmitting the completed form by e-mail, you are confirming your signature and
Participant Signa	ature	Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)