

Channel Islands Dive Adventures

BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER AND ASSUMPTION OF RISK

I, _____, hereby affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving, including those hazards occurring during boat travel to and from the dive sites. I understand that these hazards include but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off the boat and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class. I understand and agree that neither **Channel Islands Dive Adventures, 1908 Arcadia St, Oxnard, Ca. 93033**, the owner of the vessels used for Channel Islands Dive Adventures trips, their crew, dive masters or captains, nor the officers, employees, agents, or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") including anyone hosting a trip on behalf of Channel Islands Dive Adventures, shall not, in the absence of intentional wrongful conduct and/or gross negligence by one or more of such Released Parties, be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this boat trip, the contemplated SCUBA dive(s), and/or any other activity related thereto.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I, _____, **BY THIS INSTRUMENT, DO HEREBY EXEMPT AND RELEASE ALL OF THE ABOVE (Passenger/Diver) LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE, FORESEEN OR UNFORESEEN. I FURTHER AGREE FOR MYSELF AND MY HEIRS AND/OR PERSONAL REPRESENTATIVES THAT SHOULD I OR ANY PARTY ACTING ON MY BEHALF ASSERT ANY CLAIM IN CONTRAVENTION TO THIS AGREEMENT, I OR SUCH PARTY SHALL BE LIABLE FOR ALL EXPENSES, INCLUDING LEGAL FEES AND THE FEES OF EXPERT WITNESSES, INCURRED BY THE PARTY OR PARTIES IN DEFENDING, UNLESS SUCH PARTY OR PARTIES ARE ADJUDGED FINALLY LIABLE ON SUCH CLAIM FOR WILLFUL AND WANTON NEGLIGENCE.**

I UNDERSTAND AND AGREE THAT, IN THE EVENT THAT ONE OR MORE OF THE PROVISIONS OF THIS AGREEMENT, FOR ANY REASON, IS HELD BY A COURT OF COMPETENT JURISDICTION TO BE INVALID OR UNENFORCEABLE IN ANY RESPECT, SUCH INVALIDITY, ILLEGALITY OR UNENFORCEABILITY SHALL NOT AFFECT ANY OTHER PROVISION HEREOF, AND THIS AGREEMENT SHALL BE CONSTRUED AS IF SUCH INVALID, ILLEGAL OR UNENFORCEABLE PROVISION OR PROVISIONS HAD NEVER BEEN CONTAINED HEREIN.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO MY PARTICIPATION IN THIS BOAT TRIP AND SCUBA DIVE(S), AM FULLY AWARE OF THE LEGAL CONSEQUENCES THAT WILL RESULT FROM MY SIGNATURE ON THIS WRITING, AND THAT I FURTHER UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES AND/OR ANY OTHER NATURE OF RECOVERY, FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE, AND THAT I SHALL REALIZE NO RECOVERY WHATSOEVER IN THE ABSENCE OF THE INTERNATIONAL WRONGFUL CONDUCT AND/OR GROSS NEGLIGENCE OF ONE OR MORE OF SUCH "RELEASED PARTIES".

PRINTED NAME: _____

Participants Signature Date: _____
(Day/Month/Year)

Signature of Parent or Guardian (where applicable) Date: _____
(Day/Month/Year)

Certification and Emergency Contact Information:

Issuing Agency: _____ Rating: _____ Number: _____

Emergency Contact: _____ Phone Number: _____

Dive Accident Insurance? No Yes Policy Number: _____