

Channel Islands Dive Adventures LLC

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
Passenger/Diver

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 LLC, 1908 Arcadia St, Oxnard, Ca. 93033**, the owner of the vessels used for Channel Islands Dive Adventures LLC 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 LLC, 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
(Passenger/Diver)

ALL OF THE ABOVE 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 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: _____

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

Certification and Emergency Contact Information:

Issuing Agency: _____ **Rating:** _____ **Number:** _____

Emergency Contact: _____ **Phone Number:** _____

Dive Accident Insurance? No Yes **Policy Number:** _____

Social Media Release

I hereby grant Channel Islands Dive Adventures the right to record my voice and likeness for use in a print or media production and to make unlimited use of the photograph(s) / video(s) / sound recording(s) of me. I understand the photograph(s) / video(s) / sound recording(s) of me may be published or distributed by means of a print publication, the internet, video or any similar electronic or mechanical method. I understand that I do not own the copyright of the photograph(s) / video(s) / sound recording(s), and I waive any right to inspect or approve the final use(s) of the photograph(s) / video(s) / sound recording(s).

I AGREE to the stated Social Media Release _____ I DO NOT AGREE with the stated Social Media Release _____