

**COMPLETE LIABILITY RELEASE AND WAIVER
THIS IS A WAIVER OF YOUR RIGHTS TO SUE**

*******Read carefully before signing*******

I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE SOUTH FLORIDA DIVING HEADQUARTERS, INC., JEFF TORODE, THE VESSELS AQUA VIEW, BLACK PEARL AND SAFARI DIVER, THEIR OWNERS, EMPLOYEES, CREW, DESIGNEES, AGENTS, SPONSORS, VOLUNTEERS AND ADVERTISERS, AS WELL AS ALL INVOLVED DIVE BOATS, WHETHER OWNED, OPERATED, LEASED OR CHARTERED AND TO HOLD THESE ENTITIES AND INDIVIDUALS (THE "RELEASED PARTIES") HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A RESULT OF ANY ACTS OR OMISSIONS ON THEIR PART, INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE OR NEGLIGENCE OF ANY TYPE.

I understand that scuba diving is a hazardous activity with inherent risks and dangers associated therewith including, but not limited to, risks associated with equipment failure, perils of the sea, as well as acts of fellow divers which could result in my serious injury or death. BY WAY OF MY SIGNATURE I EXPRESSLY ASSUME ALL RISKS OF SCUBA DIVING OR SNORKELING OR SWIMMING, and ALL ASSOCIATED RISKS, WHETHER THESE RISKS ARE SPECIFICALLY SET FORTH OR NOT. IT IS MY INTENTION TO RELEASE THE RELEASED PARTIES FOR ANYTHING THAT MIGHT HAPPEN DURING TO ME WHICH RESULTS IN PERSONAL INJURY OR DEATH.

By my signature on this release, I assert that I am physically fit to participate in the activity of swimming, scuba diving and snorkeling and I agree by way of my signature that I will not hold any of the released parties or above named individuals, persons, or entities responsible if I am injured as a result of any medical conditions while swimming, Scuba diving and/or snorkeling. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving.

Prior to diving, I will inspect all equipment to be used to make sure that it is in good operating condition. I will not hold the released parties or anyone else responsible for my failure to inspect my equipment prior to diving or for any equipment failure which may occur.

I understand that I have an affirmative duty to plan and carry out my own dive and to be responsible for my own safety. By way of my signature I expressly agree that I will plan all my dives as no decompression dives and within safe limits of recreational scuba diving.

I am fully aware and have been trained in the dangers, risks and hazards of holding my breath while diving on compressed air. I fully agree not to hold the released parties responsible for any such injuries sustained by me.

I understand that this diving activity may be conducted in a remote site by time and distance from a medical facility and a recompression chamber. Nevertheless, I expressly wish to proceed with this diving activity and assume all related risks. I understand there is no obligation on the part of the released parties to provide medical assistance or first aid.

BY WAY OF MY SIGNATURE ON THIS DOCUMENT IT IS MY EXPRESS INTENTION TO GIVE UP MY RIGHT TO SUE ALL INDIVIDUALS, OR ENTITIES OR VESSELS REFERRED TO HEREIN, (THE "RELEASED PARTIES") WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY ARISING AS A CONSEQUENCE OF ANY ACT OR OMISSION INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE, INCLUDING GROSS NEGLIGENCE. I FULLY AGREE TO INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OF ANY SORT, INCLUDING WRONGFUL DEATH ON BEHALF OF MYSELF, MY HEIRS AND ASSIGNS, AND I EXPRESSLY ASSUME ALL RISKS IN CONNECTION WITH SWIMMING, SNORKELING AND SCUBA DIVING ACTIVITIES.

BY WAY OF MY VOLUNTARY SIGNATURE, I AGREE THAT I HAVE READ FULLY AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. **I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT NOT TO SUE.**

NAME (print) _____

PERMANENT STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____ AGE _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 21 _____

TELEPHONE () _____ E-MAIL ADDRESS _____