



# TRAVEL AND EXCURSIONS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, hereby affirm I am voluntarily engaging in the recreational activities planned for my  
Participant Name

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 the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have  
inherent risks which may result in serious injury or death.** I certify that I am fully aware of and expressly assume all risks involved in  
scuba diving, snorkeling, boating and \_\_\_\_\_.

I understand and agree that neither Dive Shack USA  
Trip Organizer, nor PADI Americas, Inc. nor its affiliate or subsidiary  
corporations, nor the owners, officers, employees, agents, contractors or assigns of the above listed entities (hereinafter referred to as  
"Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me my family, estate, heirs or  
assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties,  
whether passive or active.

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 con-  
sent 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 con-  
strued as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or benefi-  
ciaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs,  
assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE  
Participant Name

LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, 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.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK  
AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)



*"Let Your Adventure Begin Here!"*

**928-404-1527**

Serving Mohave County for Over 20 Years

