

**Dive Central, Inc.**  
**Assumption of risk and release of Liability**

I, \_\_\_\_\_(print name) am aware that either scuba diving or snorkeling about the Escapade is a hazardous activity which may result in serious bodily harm to myself, including death, and/or damage to my personal property, resulting from causes which may include, but are not limited to, failure of equipment, drowning, collision or entanglement with underwater objects, air expansion injuries, decompression sickness (bends), injuries while getting on or off the boat, being cut or struck by the boat or ladders while in the water, along with any other perils of the sea. By voluntarily signing this release, I certify that I am fully aware and expressly assume these and other risks and participate in this activity with full knowledge of the dangers involved to my property except as noted below.

I also agree to release Dive Central Inc., their employees and agents from any and all liability for my bodily harm, including death, and damage to or any loss of any personal property of mine, resulting from their active negligence as well as their passive negligence while I am a passenger on the Escapade or while embarking or disembarking thereon. It is my intention that this release extend to my executors, administrators or heirs in the event of my death.

This release of liability and assumption of risk does not exempt Dive Central Inc. their employees and agents for their own fraud or their willful injury to my person or my property or that of another or their violation of law whether such violation is willful or negligent.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and assumption of risk agreement between myself and Dive Central Inc., their employees and agents while I am a passenger on the Escapade or while embarking or disembarking thereon. I sign it of my own free will. There have been no oral, modifications made to this agreement prior to my execution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Certification number and agency

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Emergency Phone#

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Address