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TRAVEL/EXCURSION VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK

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Please read carefully and fill in all blanks before signing.	
l,, hereby affirm that I am voluntarily engaging in the recreation	onal activities planned
for my trip to, which activities may include, but are not lim	nited to, scuba diving,
(destination) snorkeling, boating, and If I engage in scuba diving, I a	affirm that I am a certified
diver or a student diver under the control and supervision of a certified scuba instructor, and that I to the hazards of scuba diving. I further affirm that I am thoroughly familiar with the hazards of boating boating involves scuba diving or snorkeling activities. By signing this release, I certify that I am fully assume all risks involved in scuba diving, snorkeling, boating, and	ng, whether or not said
understand and agree that neither, nor International PA	DI, Inc., nor its affiliate or
subsidiary corporations, nor the owners,officers, employees, agents, or assigns of the above listed (hereinafter "Released Parties") may be held liable or responsible in any way for any occurrence or personal injury, property damage, wrongful death or other damage to me or my family, heirs, or ass result of my participation in this trip or as a result of the negligence of any party, including the Release passive or active.	individuals and/or entities n this trip which may result ir igns that may occur as a
I further state that I am of lawful age and legally competent to sign this liability release, or that I have consent of my parent or guardian.	e obtained the written
, BY THIS INSTRUMENT,	DO HEREBY EXEMPT AND
(traveller) RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY ANI PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INC LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHE ACTIVE.	LUDING, BUT NOT
I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND DANGERS INCIDENTAL TO THIS TRIP AND ACTIVITY(IES), AM FULLY AWARE OF THE LEGAING SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMEN AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LINDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERWRONGFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEAT PASSIVE OR ACTIVE.	L CONSEQUENCES OF IT IS LEGALLY BINDING ISTED ENTITIES AND/OR RTY DAMAGE OR
PRINTED NAME	
Participant'sSignature	Date (Day/Month/Year)
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)

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