

BOARDING PASS AND SNORKEL RELEASE

1. I understand snorkeling has inherent risks and dangers associated therewith, including but not limited to risks associated with perils of the sea and equipment failure and I specifically assume such risks.
2. I acknowledge that I am physically fit to snorkel, and I will not hold Deco Divers LLC and or the vessel BIG COM OCEAN responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while snorkeling.
3. I will not remove my buoyancy vest (BC) at any time while in the water.
4. If I become distressed on the surface, I will immediately inflate my buoyancy vest (BC) for permanent floatation assistance.
5. I truly understand and am aware that the dive boat has limited medical facilities and in the event of illness or injury appropriate medical care must be summoned by radio and that that treatment will be delayed until I can be transported to a proper medical care facility.
6. I have read the foregoing in its entirety and agree to the terms and conditions hereinabove set forth on behalf of myself, my heirs, and my personal representatives.
7. It is my intention by this instrument to exempt and relieve Deco Divers LLC and /or the vessel BIG COM OCEAN and their officers, agents, instructors, servants and employees, from any and all liability for personal injury, property damage or wrongful death caused by negligence or otherwise, and I assume all risks in connection with such snorkeling and scuba diving activities and instruction.
8. Deco Divers LLC and/or the vessel BIG COM OCEAN has /have made no representation to me, implied or otherwise, that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid, I would like assistance and will not hold Deco Divers LLC and/or the vessel BIG COM OCEAN its crew, dive boats or passengers responsible for their actions in attempting to perform a rescue or first aid.
9. I UNDERSTAND I HAVE A DUTY TO EXERCISE RESONABLE CARE FOR MY OWN SAFETY AND AGREE TO DO SO.

Date: _____

Signature _____

Print Name: _____

Address: _____

City, State and Zip _____

Telephone: () _____

Parent/Guardian Signature (if under 18) _____