



Boarding Pass and Snorkeling Release

1. I understand snorkeling has inherent risk 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 ScubaTech of Northwest Florida Inc. and Sea Cobra Inc. 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 flotation assistance.
5. I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical 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 personal representatives.
7. It is my intention by this instrument to exempt and relieve ScubaTech of Northwest Florida Inc. and Sea Cobra Inc. 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 risk in connection with such snorkeling and scuba diving activities and instruction.
8. ScubaTech of Northwest Florida Inc. and Sea Cobra Inc. has 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 first aid, I would like assistance and will not hold ScubaTech of Northwest Florida Inc. and Sea Cobra Inc. its crew, diveboats or passengers responsible or their actions in attempting to perform a rescue or first aid.
9. I UNDERSTAND I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND AGREE TO DO SO.

Signature: _____ Print Name: _____

Address: _____

City, State and Zip: _____

Telephone # () _____ Date: _____

(Passengers under 18 years of age must also have parent's signature)