

LIABILITY RELEASE AND ASSUMPTION OF RISK FOR SHORELINE CLEANUP

On _____ at _____

Please read carefully and fill in all blanks before signing.

I understand and agree that neither the State of CA, the County of Los Angeles, City of _____, nor the organizer, Eco Dive Center (n2 narcosis inc.), Project AWARE Foundation, PADI, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active. I declare that I am in good mental and physical fitness and know of no physical disorder which should keep me from participating in this activity. If I should become injured while participating in the Shoreline Cleanup activity, I authorize any physician or surgeon, licensed in the State of California, to perform emergency or surgical treatment, as in his sole judgment, may be necessary.

I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I, _____, BY THIS INSTRUMENT DO HEREBY EXEMPT AND RELEASE THE STATE OF CA, THE COUNTY OF Los Angeles, THE CITY OF _____, THE ORGANIZER, International PADI Inc., PROJECT AWARE FOUNDATION, THE SHORELINE COORDINATOR, Eco Dive Center, N2 Narcosis Inc. AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

NAME: _____ (please print)

ADDRESS: _____

Signature of Participant

Date

Signature of Participant

Date

Signature of Parent/Guardian (Where applicable)

Date