



Reviewed by:

(SeaTREK® Guide Name)

PARTICIPANT RECORD & LIABILITY RELEASE

Name (complete): _____

Birth Date: _____ / _____ / _____

Street Address: _____ City: _____

State / Country: _____ Country Code: _____

Phone: (_____) _____ - _____ E-mail: _____

Emergency Contact: _____

Emergency Number: (_____) _____ - _____

Please answer the following regarding your past and/or present medical history with a **YES** or **NO**. **If you answer yes to the following questions, you will not be able to participate in SeaTREK.** You must be honest with your responses. Certain pre-existing medical conditions can lead to **injury or death**. Do not put your health at risk.

Do you have any of the following conditions?

- 1. Are you or could you be pregnant?
- 2. History of heart attacks, strokes, heart disease, angina, heart or blood vessel surgery?
- 3. Epilepsy, blackouts, fainting, convulsions, or take medication(s) to prevent them?
- 4. Any form of lung disease?
- 5. Asthma or wheezing with breathing or exercise?
- 6. Currently under the influence of drugs or alcohol?

Please answer the following regarding your past and/or present medical history with a **YES** or **NO**. A positive response **may not** disqualify you from SeaTREK. You must be honest with your responses. Certain pre-existing medical conditions can lead to **injury or death**. Do not put your health at risk.

Do you have any of the following conditions?

- 7. Current cold, bronchitis or sinus related issues?
- 8. Problems equalizing (popping) ears with airplane or mountain travel?
- 9. Have had sinus or ear surgery?
- 10. History of bleeding, blood disorders, high blood pressure or take medication(s) to control it?
- 11. History of diabetes affecting your ability to participate in a strenuous activity?

If you answered **YES** to question(s) 7, 8, 9, 10 or 11, you must be cleared by a physician to participate.

I, _____ (print full name), verify that a physician is aware of my current medical status and medical history and has cleared and released me in writing to swim, snorkel or dive. I also verify that the information I have provided about my medical history is accurate and complete. I agree that I will not fly within 4 hours after completing the SeaTREK excursion.

Signature of Participant: _____ **Date:** ____ / ____ / _____

Signature of Parent or Legal Guardian: _____ **Date:** ____ / ____ / _____
(if Participant is under the age of 18)

REVIEW / SIGN REVERSE SIDE



LIABILITY RELEASE & EXPRESS ASSUMPTION OF RISK

I desire to participate in the underwater **SeaTREK**® experience (“**SeaTREK**”). I am aware that there are inherent risks in participating in **SeaTREK**. In consideration of being allowed to participate in **SeaTREK**, I hereby personally assume all risks of this experience, whether foreseen or unforeseen, that may occur while I participate in the **SeaTREK** experience. My participation in **SeaTREK** is entirely voluntary.

I understand that **SeaTREK** involves diving with compressed air with certain inherent risks including, but not limited to, personal injury or death, decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I understand that such facilities may not be in close proximity to the **SeaTREK** location. I still choose to participate in **SeaTREK** knowing these risks.

I further understand that the underwater experience of **SeaTREK** may be physically strenuous and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for such injuries. I understand that past or present medical conditions may be contraindicative to participation in **SeaTREK**. I declare that I am in good mental and physical fitness for participating in **SeaTREK**, and that I am not under the influence of alcohol or any drugs that are contraindicatory to participating in **SeaTREK**.

I, individually and on behalf of my family, estate, heirs, successors and assigns release my **SeaTREK** Guide, the **SeaTREK** Licensee or Operator, which operates **SeaTREK**, ticket sellers, and its affiliates, subsidiary companies, any of their respective employees, officers, agents, managers, members, contractors, subcontractors, manufacturers and vendors including **Sub Sea Systems, Inc.** (“Released Parties”), **Espacio Nautico S.A. de C. V** from any and all claims, lawsuits, liability and costs (including reasonable attorney fees) related to any injury, death or other damages to me, that occur as a result of my participation in **SeaTREK** or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I am of lawful age and legally competent to sign this liability release, or I have the written consent of my parent or legal guardian. This Release is governed by the laws of the State of North Carolina and the United States. Any disputes arising under this Release shall be brought only in the U.S. District Court for the Eastern District of California, Sacramento Division. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, successors or beneficiaries may have to sue the Released Parties as a result of my death. I have signed this Release voluntarily and with the knowledge that I am agreeing to waive my legal rights.

In the event of inconsistency or discrepancy between the English version and the other versions of these terms and conditions, the English version shall prevail.

Sub Sea Systems, Inc. may use photographs or videos of my **SeaTREK** experience strictly for promotional purposes. If you are not in agreement with said use, indicate by checking the following box: Do not use my images for promotional purposes.

How did you learn about **SeaTREK**?

- facebook
- Hotel or Cruise Line
- tripadvisor
- You Tube
- Friend or Repeat Guest
- Instagram
- TV
- Google
- Other _____

Signature of Participant: _____ **Date:** ____ / ____ / ____

Signature of Parent or Legal Guardian: _____ **Date:** ____ / ____ / ____
(if Participant is under the age of 18)