

PERSONAL INFORMATION - please print legibly				
First Name	MI	Last Name		
Address	City	State/Province	Zip Code/Country	
Phone	Age	Email Address		
STATEMENT OF UNDERSTANDING				
<p>1. Warranty of Ability - I understand that by signing up for a Catalina Divers Supply, LLC ("CDS") charter, class or activity, I warrant that I am physically and mentally capable of participating successfully in that activity. <i>I further understand that CDS will give no refunds for seasickness or any other reason that prevents an individual from participating fully.</i></p> <p>2. Minor - I understand that a parent or guardian must sign all minor's forms, and that children under 12 must be accompanied by a parent or guardian at all times.</p> <p>3. Possible Changes - I understand scheduled trips are subject to weather and conditions and that CDS reserves the right to cancel/change destinations at any time.</p>				
X				
Signature (parent or guardian if under 18)		Date		
LIABILITY RELEASE FOR SUPERVISION OF SNORKELERS/SKIN DIVERS				
<p>THIS IS A RELEASE OF YOUR RIGHTS TO SUE CATALINA DIVERS SUPPLY, LLC. ITS EMPLOYEES AND INSTRUCTORS, SANTA CATALINA ISLAND CO., CITY OF AVALON, CARNIVAL CRUISE LINE, SSI INTERNATIONAL, PADI INC., NAUI OR ANY OF THEIR RESPECTIVE OWNERS, EMPLOYEES, AGENTS AND ASSIGNS (Collectively the "Released Parties") FOR PERSONAL INJURES OR WRONGFUL DEATH THAT MAY OCCUR DURING THE FORTHCOMING SNORKELING OR BOAT ACTIVITY AS A RESULT OF THE RISKS INHERENT IN SNORKELING OR AS A RESULT OF NEGLIGENCE. (As you read them, initial each of the following paragraphs to indicate your agreement.)</p>				
INITIAL	I am aware of the risks inherent in skin diving and/or snorkeling and I accept these risks.			
INITIAL	I will inspect all of my equipment prior to the activity and will notify the above listed businesses and/or individuals if any of my equipment is not working properly. I will not hold the above listed businesses or individuals responsible for failure to inspect my equipment prior to snorkeling.			
INITIAL	I also understand that skin diving and snorkeling are physically strenuous activities and that I will be exerting myself during this excursion. I acknowledge that I am physically fit to skin dive or snorkel, and I will not hold the above listed businesses or individuals responsible if I am injured as a result of medical conditions and/or injuries including but not limited to, heart, lung, ear, circulatory problems, panic, hyperventilation and any other injuries that occur while skin diving and/or snorkeling, and that if I am injured as a result of these conditions, that I expressly assume the risk of said injuries and I will not hold the above listed individuals or companies for the same.			
INITIAL	Despite the fact that I have released the above parties and have agreed not to sue or make any claim against the same, I agree that any claim of any nature involving the skin diving and/or snorkeling excursion subject to this release may be brought only in Los Angeles County, California, and that the laws of the State of California shall control its effect. I further agree that if any provision of this release is held invalid for any reason, the remaining provisions shall operate with full force and effect. I also understand that on this snorkeling trip, I may be at a remote site and that there may not be immediate medical care available to me, and I expressly assume the risk of snorkeling in such a remote spot.			
INITIAL	It is my intention by this instrument to exempt, release and hold harmless the released parties, as defined above, from all liability whatsoever for personal injury, property damage, and wrongful death caused by negligence.			
INITIAL	I have fully informed myself of the content of this information and release by reading it before I signed it on behalf of myself and my heirs.			
X				
Signature (parent or guardian if under 18)		Date	Staff Signature	

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