1. **EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH BOAT TRAVEL AND RELATED ACTIVITIES**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby affirm and acknowledge that I am fully aware of the inherent hazards and risks associated with Boat Travel that include being jostled/hurt from underway operations due to rough water. I fully understand these risks can lead to severe injury and even loss of life. I understand that boat travel maybe conducted at a site that is remote from competent medical assistance; nevertheless, I choose to proceed even in the absence of competent medical assistance. Additionally, I understand that there are also risks associated with boat travel, including but not limited to slip and fall aboard and the possible injury or loss of life as result of a boat accident. Despite the potential hazards and dangers associated with the activity of Boat Travel, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from these activities which could result in personal injury, loss of life and property damage to me.**

1. **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

**In consideration of being allowed to participate in Boat Travel as well as the use of any of the facilities of the below listed releasees, I hereby agree as follows:**

1. **To WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (herein referred to as Releasees): The Motor Vessel: UTOPIA II Captain: Mel Frechette 1st Mate: Wanda Frechette,**

**Facilities: ANY MARINA, DOCKING STATION, A+ PRO DIVERS**

1. **To release the Releasees, their officers, directors, employees, respresentatives, agents and volunteers, from Liability and Responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from Boat Travel whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Boat Travel and related activities.**
2. **By entering into this agreement I am NOT relying on any oral or written representation or statements made by the releasees, othere than what is set forth in this agreement.**
3. **If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 7:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 7:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 8:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 8:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 9:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 9:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 10:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 11:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 11:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND IT, I AGREE TO BE BOUND BY IT**

**PRINTED NAME PARTICIPANT 12:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE PARTICIPANT 12:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MINORS SECTION:**

**PRINTED NAME OF MINOR 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF MINOR 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO \_**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF MINOR 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

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**PRINTED NAME OF MINOR 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF MINOR 5:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME OF MINOR 6:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**PRINTED NAME OF PARENT OR GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFEVEST REQUESTED? YES NO**

**SIGNATURE OF PARENT/GUARDIAN(if Participant is a Minor, and by their Signature they, on my behalf release all claims that both they and I have:**

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