



Kunuku Dive & Travel

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Liability Release and Assumption of Risk

Waiver and Agreement to participate, Parents or Legal Guardian must sign for children under the age of 18, there must be a signed waiver for each participant.

Participant's Name: _____ Adult/or age if child: _____

Parent Name: _____ Phone: _____

Address _____

I _____, understand that there are inherent risk associated with activities around a swimming pool, and more specifically, with activities associated with the programs offered at Kunuku Dive & Travel/Alpha Aquatic Center. And that prior to beginning any program involving physical exertion, the participant should obtain medical clearance for a physician. I understand that medical emergencies, injuries and complication can occur as a result of strenuous and or non strenuous physical activity or can arise from pre-existing conditions during participation in such activity. I am also aware of the risks associated with swimming, swimming pools and Kunuku Dive & Travel such as: the pool, locker rooms, class room, equipment, parking lot and surrounding areas. The risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, rashes, head injuries, injured limbs, paralysis and even death. I know that the pool at Kunuku Dive & Travel is 3.5 – 9 ft. deep. I voluntarily consent to attend or participate or have my child/children attend or participate in activities at Kunuku Dive & Travel. I knowingly and voluntarily waive any and all rights and causes of action, suits, damages and claims which I may have against Kunuku Dive & Travel and instructors, employees, owners, thereof, in connection with or from participation in such above-described activity.

It is important for your safety as well as others to discuss any medical or other conditions with your physician that may affect your ability to participate in swimming/swimming related activities. It is my responsibility to make my instructor aware of any conditions but not limited to: seizures, diabetes, asthma, high blood pressure, heart disease, dizziness, lung conditions, pregnancy etc. or any medication that the student may be taking that may affect their ability to swim, listen or focus prior to participating. The question of your or your child's fitness for this activity is ultimately left up to you. It is the responsibility of the parent or adult participant to inform Kunuku Dive & Travel of any changes to this important information and also of changes effecting emergency contact or other contact information.

I, _____ by signing the instrument agree to exempt

Print Name

and release my instructors _____, Kunuku Dive & Travel/Alpha Aquatic Center through which I received my instruction. And all related entities from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including but not limited, the negligence of the related parties, whether passive or active.

I have fully informed myself or the contents of this liability release and assumption of risk agreement by reading it before I signed it on behalf of myself and my heirs.

____ NO medical conditions or medications.

____ YES I/my child have/has a medical condition or are on medication. And we wish to participate.

My child is able to sit, listen and wait. Children who cannot sit, listen and wait are required to take private or semiprivate lessons as they jeopardize themselves and the safety and learning of the entire group

Any photographs may be used for promotional and advertising purposes by Kunuku Dive & Travel/Alpha Aquatic Center

Participants' signature,

Date,

Signature of Parent or Guardian

Date

9/28/2008