

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Scuba Diving with **PRIMOFISH.COM**. I acknowledge, appreciate, and agree that:

1 . The risk of injury from the activity and equipment involved with Scuba Diving is significant including **the potential for permanent disability and death.**

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown **EVEN IF ARISING FROM THE NEGLIGENCE** of those persons released from liability below, **AND ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION**; and,

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **FOREVER RELEASE AND HOLD HARMLESS PRIMOFISH.COM, Mark P. Miller**, his Agents, OFFICIALS, AND/OR EMPLOYEES ("releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

4. I acknowledge that **PRIMOFISH.COM and Mark P. Miller does not hold any insurance coverage for the activity of Skin or Scuba Diving.** I agree that any **insurance coverages are provided by myself** and hold any insurance companies associated with PRIMOFISH.COM and/or Mark P. Miller harmless of any liabilities.

5. I am at least 18 years of age, I hold a Scuba Diving Certification, and the information stated below is accurate.

6. I understand and agree that the release of Liability AGREEMENT covers each and every scuba diving activity in which I participate or attend hereafter.

Date Signed: _____

Applicant's Signature: _____

Name: _____ Home Phone: _____

Address: _____ Emergency Phone: _____

City, State, ZIP: _____

Date of Birth: _____ Email Address: _____

Certifications: YMCA NAUI PADI NASDS SDI TDI IANTD OTHER: _____

(Circle any that apply)

Additional Information if needed: