

## **EXEMPTION FORM AND WAIVER OF LIABILITY FOR INJURY AND LOSS**

The terms used in what follows shall have the following meanings:

“**Agreement**” shall mean the agreement herein between Atlantis Marine World, Hampton Dive Center, and the diver.

“**Atlantis Marine World**” shall mean Atlantis Marine World LLC and shall include its directors, servants, agents, officers, shareholders and their respective successors and assigns.

“**Hampton Dive Center**” shall mean Hampton Dive Center and shall include its directors, servants, agents, officers, shareholders, and their respective successors and assigns.

“**Diver**” shall mean the person so designated whose name appears hereon and whose signature appears below.

“**Diving Facility**” shall mean the main tank, filter tanks and any and all exhibit tanks at the Atlantis Marine World facility in Riverhead, New York, and shall include all the livestock and all the water therein and all objects whatsoever howsoever constituted therein and thereabout.

**READ THE FOLLOWING TERMS AND CONDITIONS COMPLETELY AND CAREFULLY; THEY AFFECT YOUR LEGAL RIGHTS.**

I, \_\_\_\_\_ (the “Diver”) acknowledge and agree with Atlantis Marine World and Hampton Dive Center that:

1. I acknowledge that are risks and dangers inherent to scuba diving, snorkeling and the entering into the Diving Facility which include, but are not limited to, death, dismemberment, paralysis, broken bones, cuts, abrasions, disfigurement, panic, mental and emotional distress and/or contact with the livestock and other objects in the Diving Facility. I also acknowledge that Atlantis Marine World and Hampton Dive Center are not an insurer of my safety. By signing this Agreement, I agree to accept all risks and dangers inherent to my activity in and around the Diving Facility and agree to assume full responsibility for any injuries or damages that may occur to me in, or about the Diving Facility.
2. Atlantis Marine World’s and Hampton Dive Center’s agents give neither a guarantee nor an assurance of the safety of the Diver’s person or the property at any time whilst the diver is in or about the Diving Facility.
3. The Diver has not entered into this Agreement and will not be using the Diving Facility (such use including entry to and exit from the Diving Facility) upon any reliance by the Diver upon any assurances expressed or implied given by Atlantis Marine World of Hampton Dive Center of the safety of the Diver’s person or property.
4. Atlantis Marine World and Hampton Dive Center will not be responsible to the Diver for any loss or injury whatsoever and howsoever caused to the Diver at any time whilst the Diver is using the Diving Facility (such use including entry to and exit from the Diving Facility) and whether such loss or damage is due to the negligence whether by act or omission of Atlantis Marine World or Hampton Dive Center or otherwise and whether or not such loss or injury is due to reliance by the Diver upon any instructions, directions, suggestions or advice or whatever given to the Diver by Atlantis Marine World or Hampton Dive Center and whether or not such loss or injury is caused by any want of care in the design, construction, maintenance, management or control of the Diving Facility by Atlantis Marine World or by any person for whom Atlantis Marine World or Hampton Dive Center are jointly or severally liable.
5. That in respect of the Diver’s use of the Diving Facility including his/her entry to and exit from the Diving Facility and his/her swimming and submergence in the water thereof and his/her contact with the livestock therein or any objects therein of thereabout, Atlantis Marine World and Hampton Dive Center shall not be liable to the Diver for any loss or damage to the Diver’s person or property arising or resulting from any act or omission whatsoever whether such loss or injury is due to negligence or otherwise, or the loss or injury is due to any statements, information or advice or the loss or injury arises in relation to the design, construction, maintenance management or control of the Diving Facility.
6. Every exemption from liability, defense and immunity of whatsoever nature applicable to Atlantis Marine World and Hampton Dive Center or to which Atlantis Marine World or Hampton Dive Center is entitled under this Agreement shall also be available and shall extend to protect every one of its directors, servants, officers, shareholders, and agents and their respective successors and assigns and for the purpose of this clause, Atlantis Marine World and Hampton Dive Center shall be or shall be deemed to be acting as agents or trustee on behalf of and for the benefit of all persons who are or might be its directors, servants, officers, shareholders, and agents and their respective successors and assigns from time-to-time as well as on its own behalf and all such persons shall to this extent be or be deemed to be parties to this Agreement.

7. For myself, and for my heirs, executors, administrators, assigns, personal representatives and next of kin, I waive, release and forever discharge and hold harmless Atlantis Marine World and Hampton Dive Center from any and all claims, actions, liability, causes of action, demands, judgments, rights, costs, and expenses of whatever nature and kind I may have or may hereafter have or acquire including, but not limited to, personal injury, mental anguish or distress, death, property damage or loss arising out of, or in any way related to or connected with Atlantis Marine World and Hampton Dive Center and my activities in or about the Diving Facility.

**BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU ARE WAIVING ANY RIGHTS YOU OR YOUR FAMILY MAY HAVE IF YOU ARE INJURED IN OR ABOUT THE DIVING FACILITY.**

**I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE TERMS AND CONDITIONS AND, BY SIGNING BELOW, VOLUNTARILY AGREE TO BE BOUND TO THOSE TERMS.**

I have read and understand this liability waiver. I have received a briefing describing the nature and risks of the dive I am about to undertake at Atlantis Marine World.

\_\_\_\_\_  
Signature of Diver

Date \_\_\_\_\_

I, \_\_\_\_\_ (for Atlantis Marine World) hereby witness that the Diver has read and signed this Agreement.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

## STATEMENT OF SWIMMING/DIVING COMPETENCY AND HEALTH

I hereby state that I am in good health for SCUBA/snorkel diving and that I am able to swim. I have read the following list and I do not have any of the conditions listed. If I do have any of the conditions, I will have a medical release form signed by my physician or I will not be allowed to participate in the dive. If I am taking any medication I will obtain and follow medical advice before undertaking diving activities at Atlantis Marine World.

**Please answer each of the following questions with a YES or NO. If you answer YES to any question, you must have a medical release form signed by your physician or you will not be permitted to dive.**

- |  |   |
|--|---|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant?  | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?            |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)   | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention?                               |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following?  | <input type="checkbox"/> Any dive accidents or decompression sickness?  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Currently smoke a pipe, cigars or cigarettes</li> <li><input type="checkbox"/> Have a high cholesterol level</li> <li><input type="checkbox"/> Have a family history of heart attack or stroke</li> <li><input type="checkbox"/> Are currently receiving medical care</li> <li><input type="checkbox"/> High blood pressure</li> <li><input type="checkbox"/> Diabetes mellitus, even if controlled by diet alone</li> </ul> | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6km/one mile within 12 mins.)? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?  | <input type="checkbox"/> Head injury with loss of consciousness in the past five years?                         |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy?  | <input type="checkbox"/> Recurrent back problems?   |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis?  | <input type="checkbox"/> Back or spinal surgery?  |
| <input type="checkbox"/> Any form of lung disease?   | <input type="checkbox"/> Diabetes?  |
| <input type="checkbox"/> Pneumothorax (collapsed lung)?  | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture?                       |
| <input type="checkbox"/> Other chest disease or chest surgery?   | <input type="checkbox"/> High blood pressure or take medication to control blood pressure?                      |
| <input type="checkbox"/> Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?  | <input type="checkbox"/> Heart disease?   |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?  | <input type="checkbox"/> Heart attack?  |
| <input type="checkbox"/> Recurring complicated migraine headaches or take medication to prevent them?  | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery?   |
| <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)?   | <input type="checkbox"/> Sinus surgery?   |
|  | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?                         |
|  | <input type="checkbox"/> Recurrent ear problems?  |
|  | <input type="checkbox"/> Bleeding or other blood disorders?   |
|  | <input type="checkbox"/> Hernia?  |
|  | <input type="checkbox"/> Ulcers or ulcer surgery?   |
|  | <input type="checkbox"/> A colostomy or ileostomy?  |
|  | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years.          |

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.**

\_\_\_\_\_  
Signature of Diver

Date \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I \_\_\_\_\_ (print name) give permission for my son/daughter  
\_\_\_\_\_ (print name) to dive at Atlantis Marine World.

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

**\*\*Should you have any of the above health conditions or any other conditions that may be affected by scuba diving, you must have a separate medical release form signed by your physician prior to diving. Please contact Atlantis Marine World at 631.208.9200, ext. 101 to receive a copy of the medical release form.**