



Full-Face Mask Shark Scuba Experience

Read the following paragraphs carefully. This Statement, which includes a Medical Questionnaire and an Assumption of Risk and Waiver of Liability Agreement, informs you of some inherent potential risks involved in scuba diving and of the conduct required of you during the Full-Face Mask Shark Scuba Experience ("Experience"). Your signature is required in order to participate in the Experience. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire and the Liability Release and Assumption of Risk Agreement) signed by a parent or guardian.

You will also need to learn from the instructor the most important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must be in good physical health. Diving can be strenuous under certain conditions. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of this Medical Questionnaire is to find out if you should be examined by a physician before participating in the Experience. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in the Experience. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

_____ Do you currently have an ear infection?

_____ Do you have a history of ear disease, hearing loss or problems with balance?

_____ Do you have a history of ear or sinus surgery?

_____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?

- _____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?

- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?

- _____ Do you have active asthma or history of emphysema or tuberculosis?

- _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?

- _____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?

- _____ Are you or could you be pregnant?

- _____ Do you have a history of colostomy?

- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?

- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?

- _____ Are you over 45 and have a family history of heart attack or stroke?

- _____ Do you have a history of bleeding or other blood disorders?

- _____ Do you have a history of diabetes?

- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?

- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?

- _____ Do you have a history or fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

****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 the Long Island Aquarium at 631.208.9200, ext. 105 to receive a copy of the medical release form.**

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I, _____ (PRINT FULL NAME), as a condition to my participation in Shark Scuba Experience (the "Experience") at the Long Island Aquarium & Exhibition Center (the "Aquarium"), am executing and delivering this Assumption of Risk and Waiver of Liability Agreement ("Agreement") to Atlantis Marine World, LLC.

I AM AWARE THAT THE EXPERIENCE CONSISTS OF SKIN AND SCUBA DIVING ACTIVITIES AND THAT THERE ARE INHERENT RISKS AND DANGERS ASSOCIATED WITH PARTICIPATION IN THE EXPERIENCE, INCLUDING SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THE EXPERIENCE WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS INHERENT TO PARTICIPATION IN THE EXPERIENCE, INCLUDING RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN, AND WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER CONDUCT BY THE AQUARIUM, ITS EMPLOYEES, OFFICERS, AGENTS, REPRESENTATIVES OR BY ANOTHER PERSON.

I also understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. I further understand that this Experience may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this Experience in spite of the absence of a recompression chamber in proximity to the dive site.

I understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this Experience and that if I am injured as a result of heart attack, panic, hyperventilation, etc. that I expressly assume the risk of said injuries.

The information I have provided about my medical history on the Medical Questionnaire 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.

Initial Here _____

AS A CONDITION TO AND IN CONSIDERATION FOR BEING PERMITTED BY THE AQUARIUM TO PARTICIPATE IN THE PROGRAM, I AGREE THAT THE DIVE PROFESSIONALS CONDUCTING THE EXPERIENCE, ATLANTIS MARINE WORLD LLC, D/B/A THE LONG ISLAND AQUARIUM & EXHIBITION CENTER, ITS PARENT, SUBSIDIARIES, AND AFFILIATED ENTITIES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, MEMBERS, SHAREHOLDERS, EMPLOYEES AND AGENTS (COLLECTIVELY THE "RELEASED PARTIES"), SHALL NOT BE LIABLE FOR, AND I HEREBY WAIVE ANY RIGHT THAT I MAY HAVE FOR, ANY AND ALL DAMAGES, INCLUDING WITHOUT LIMITATION, PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE, RELATED, DIRECTLY OR INDIRECTLY, TO (I) MY PARTICIPATION IN THE EXPERIENCE, (II) NEGLIGENCE OR OTHER ACTS, WHETHER DIRECTLY CONNECTED TO THESE ACTIVITIES OR NOT, AND HOWEVER CAUSED, BY ANY OF THE RELEASED PARTIES OR OTHER THIRD PARTY, OR (III) THE CONDITION OF THE FACILITIES WHERE THE EXPERIENCE ACTIVITIES OCCUR, WHETHER OR NOT I AM THEN PARTICIPATING IN THE ACTIVITIES.

I hereby agree not to sue any of the Released Parties or file a claim with any of their insurance providers for any claims, demands, damages, rights or causes of action present or future of any kind or nature, whether known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the Experience, whether or not arising from the negligence of any of the Related Parties. I also agree that in the event of my death, my heirs, distributees, guardians, spouse or legal representatives will not make a claim against, sue or attach the property of any of the Released Parties in connection with any of the matters covered by this Agreement.

Initial Here _____

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Waiver of Liability Agreement, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Release of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

_____ Date _____
Participant Signature Day/Month/Year

Parental Consent For Minor Participants:

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY CHILD AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE. I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS EXPERIENCE.

_____ Date _____
Parent/Guardian Signature (where applicable) Day/Month/Year

Emergency Contact Information

Name _____

Relationship _____ Phone number _____

REGISTRATION INFORMATION

Participant Information – PLEASE PRINT

_____ MI _____
First Name Last Name

Participant Mailing Address

City State/Province

Zip/Postal Code Country

(_____) _____

Home Phone Email

Date of Birth: _____ Gender: ____ Male ____ Female

Day/Mo/Year