



## STANDARD LIABILITY RELEASE AND WAIVER OF RIGHTS

My signature below, indicates that I understand that participation in this event may involve some risks including, but not limited to the following:

- COVID-19: I understand that there is a risk of exposure to COVID-19 and voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in this activity and that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), Suncoast Aqua Ventures staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.
- Other dangers: I understand that water-based activities, including but not limited to boating, snorkeling, free diving, scuba diving, kayaking and shoreline cleanups may be hazardous activities involving natural and man-made risks that may result in serious injury or death.

I desire to participate or allow my child(ren) to participate in this Suncoast Aqua Ventures Clean Up activity. I acknowledge and affirm all the statements above and I voluntarily assume all risks involved in participating in this activity.

I hereby forever waive, release, and hold Suncoast Aqua Ventures and its partners harmless from any and all claims, liability, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to participation or involvement in any Suncoast Aqua Ventures activities.

My signature also authorizes Suncoast Aqua Ventures to utilize, without compensation, any pictures or videos taken of this activity that includes my likeness, for any publication, newsletter, report or other documentation.

I hereby assert that I have read the forgoing event Liability Release and Waiver of Rights, understand its contents and sign of my own free will.

Event Date: \_\_\_\_\_ Event Name / Location: \_\_\_\_\_

Your Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* if under 18 years of age ~ Parent or Guardian Signature \*\*\*\*\*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_