

Liability release and Express assumption of risk



This release may be used against you in a court of law if you sue any released party or person. Please read carefully, fill in all the blanks and initial each paragraph before signing.

Name: _____

Address: _____

ZIP-code, CITY, state/country: _____

E-mail address: _____

Birth date dd/mm/yy: _____ Level of dive certification: _____

Certifying agency (PADI/NAUI/SSI/CMAS/...): _____ Number: _____

Approx. # of dives: _____ Approx. date of last dive: _____

Bonaire National Marine Park-tag #: _____

Emergency contact person: _____ Emergency phone #: _____

_____ I am a certified sport scuba diver trained in the proper use of scuba diving equipment and sport diving procedures. I also hereby affirm that I have been advised and thoroughly informed of the inherent hazards of skin and scuba diving.

_____ I understand and agree that neither Bonaire East Coast Diving N.V., nor any of its respective employees, officers, agents or assigns (hereinafter referred to as "released parties") may be held liable or responsible in any way for any injury, death and/or other damages to me or my family, heirs or assigns that may occur as a result of my participation in diving while a guest of Bonaire East Coast Diving N.V. as a result of the negligence of any party, including released parties, whether active or passive.

_____ In consideration of being allowed to dive while a guest of Bonaire East Coast Diving N.V., I hereby personally assume all risks in connection with said diving, for any harm, injury or damage that may befall me while I am a guest of Bonaire East Coast Diving nv, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further save and hold harmless released parties from any claim or lawsuit by me, my family, estate, heirs or assigns arising out of participation in said diving.

_____ I also understand, that skin and scuba diving are physically strenuous activities and that I will be exerting myself during said activities, and that if I am injured as a result of a heart attack, panic, hyperventilation etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.

_____ I agree to take full responsibility for my own actions and safety while skin and/or scuba diving with equipment, transportation or other services provided by Bonaire East Coast Diving N.V.

_____ I declare to know the rules and regulations of the Bonaire National Marine Park (BNMP). I understand, that all marine life is fully protected by law. I understand that it is a criminal offence to deface, destroy, pollute, injure or molest any marine life and that failure to comply with such laws will result in imprisonment, fines and/or expulsion from Bonaire.

_____ I confirm that I have had an orientation about Bonaire and the BNMP and that I have done my mandatory check-up dive on Bonaire with _____ (dive operator) on _____ (date).

_____ I further state, that I am at lawful age and legally competent to sign this liability release 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 document of my own free act.

_____ This "Liability release and Express assumption of risk" document is made and signed in Bonaire, Netherlands Antilles and will be governed by Netherlands Antilles law. The court which will have jurisdiction to take cognizance of any dispute and/or claim arising from this document is the Court of Instance of the Netherlands Antilles in Bonaire (in Dutch: het Gerecht in Eerste Aanleg van de Nederlandse Antillen, zittingsplaats Bonaire).

It is the intention of (name) _____ by this instrument to exempt and release Bonaire East Coast Diving N.V. and all related entities as defined above from all liability or responsibility whatsoever for personal injury, property, damage or wrongful death however caused, including but not limited to the negligence of the released parties, whether active or passive. I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed it on behalf of my heirs or myself.

Signature: _____ Signature Parent or Guardian: _____

Date: _____

(where applicable)