



SNORKELING LIABILITY WAIVER AND RELEASE FORM

Participant Information:

Full Name: _____

Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Assumption of Risk: I, the undersigned, understand that snorkeling involves certain risks, including the possibility of minor or more serious injuries, drowning, and death. I acknowledge that participation in snorkeling tours with Coral Ocean Aruba ("Coral Ocean Aruba") carries some inherent risks. I voluntarily choose to participate in these activities, aware of the potential risks involved, including but not limited to, drowning, death, and other injuries.

Photo Release Agreement: I hereby grant the Company permission to use my likeness in photographs, videos, and other media for promotional and advertising purposes. I understand that these images may be used in various formats, including print, online, and social media. I waive any right to royalties or other compensation arising from or related to the use of these images.

Declaration of Fitness: I declare that I am physically fit and capable of participating in snorkeling activities. I do not have any medical conditions or impairments that would prevent me from safely engaging in snorkeling. I agree to inform the Company of any changes to my health that may affect my ability to participate in the activities.

Agreement to partake and understand risks: I agree to participate in the snorkeling activities provided by the Company. I understand and accept the associated risks, including those mentioned above. I release, waive, discharge, and covenant not to sue the Company, its employees, agents, and representatives from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, injury, drowning, or death that may occur while participating in snorkeling activities or while on the premises, whether caused by the negligence of the Company or otherwise.



CORAL OCEAN
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Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement. I fully understand its terms and understand that I am giving up certain rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature:

Signature: _____

Printed Name: _____

Date: _____

If Participant is a Minor:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____