



APPENDIX 2.B

NYA'S RELEASE AND WAIVER FOR SCUBA DIVING ACTIVITY

I, _____, the undersigned, declare and agree that this document is and shall act as a release of any liability to me or for my benefit, from the New York Aquarium with respect to any damage or injury arising out of diving activities conducted under the auspices of, or sponsored by, the New York Aquarium. I recognize that by signing this release I agree to release and waive any claims or causes of action that I may have or may hereafter have, or that anyone acting for, by, or through me may have or hereafter have, as a result of any claim or cause of action for injury, death or damages arising out of dive activities under the auspices of, or sponsored by, the New York Aquarium.

I understand that there are significant risks associated with diving and those risks will expose me to the threat and possibility of serious injury or death. It is also clearly understood that the permission and consent of the New York Aquarium's Diving Control Board is required before I may participate in any diving activity conducted under the auspices of, or sponsored by, the New York Aquarium. Therefore, in consideration of the granting of permission by the New York Aquarium's Diving Control Board for me to participate and engage in diving activities conducted under the auspices of, or sponsored by, New York Aquarium I, on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, hold harmless, and discharge the New York Aquarium, the New York Aquarium's Diving Control Board, the employees, agents or representatives, and their successors and assigns, from any and all claims and demands of any character whatsoever by reason of any accident, injury, illness, or death arising out of, or as a consequence of, directly or indirectly, my participating or engaging in any diving activity conducted under the auspices of, or sponsored by, the New York Aquarium.

I am eighteen (18) years of age or older; my birth date is _____. I know of no reason which would disqualify me from being able, or qualified, to grant this release and waiver and it is being given by me freely and voluntarily for the purpose of obtaining the requisite permission to participate or engage in dive activities conducted under the auspices of, or sponsored by, New York Aquarium

Signature of Applicant

Date (Day/Month/Year)

Witness

Witness

Driver's License No. _____

D.O.B. on License: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Dive Certifying Agency/Institution: _____

Diving Certification Level: _____ Card No. _____

Date of Certification: _____

Emergency Contact (to be notified in an emergency):

Relationship _____ Phone number _____

Address _____