



## Junior Camp Registration

*For Staff Use Only:*

**Keiki Sea Camp:**

- Parent/Student Orientation done:
  - Date \_\_\_\_\_ Staff Initial \_\_\_\_\_
- Camp registration materials done
  - Date \_\_\_\_\_ Staff Initial \_\_\_\_\_
- Student Record Folder – name only
- SASY waiver
- Jack's Snorkel Waiver

**Keiki Sea Camp:**

Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

Parent/Guardian, Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian, Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Another Emergency Contact (not listed above):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name and contact information of people authorized to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or medications that need to be taken during the class:

\_\_\_\_\_



# Supplied Air Snorkeling Statement

## Participant Record (Confidential Information)

Please print legibly.

Name \_\_\_\_\_

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

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Please read carefully and fill in all blanks before signing.

### Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ store/resort \_\_\_\_\_ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_ store/resort \_\_\_\_\_ and/or the instructors and divemasters associated with the activity.

### Liability Release and Assumption of Risk Agreement

I, \_\_\_\_\_ participant name \_\_\_\_\_, hereby affirm that I am aware of and understand the inherent hazards of supplied air snorkeling.

I understand and agree that neither my guide(s)/instructor(s), the facility through which this activity is offered, \_\_\_\_\_ store/resort \_\_\_\_\_, nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their 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 or other damages to me or my family, estate, heirs, or assigns that may occur as a result of my participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this activity, I personally assume all risks in connection with this activity, for any harm, injury or damage that may befall me while I am a participant in this activity, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that supplied air snorkeling is a physically strenuous activity and that I will be exerting myself during this activity, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in this activity. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting; nor a history of heart condition (e.g.: cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as asthma, emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of 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.



# **Liability Risk and Assumption of Risk/ Non-Agency Acknowledgement Form TRAVEL and EXCURSIONS**

**Please read carefully and fill in all blanks before signing.**

## **Non-Agency Disclosure and Acknowledgment Agreement**

I understand and agree that PADI Members ("Members"), including Jack's Diving Locker and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Jack's Diving Locker and/or the instructors and divemasters associated with the activity.

## **Liability Release and Assumption of Risk Agreement**

I hereby affirm I am voluntarily engaging in the recreational activities planned for my trip with Jack's Diving Locker, which activities may include, but are not limited to, scuba diving, snorkeling, boating, and sightseeing. If I engage in scuba diving, I affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I certify that I am fully aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and other activities in which I choose to participate.

I understand and agree that neither JACKS DIVING LOCKER and L&L LLC (Facilities & Operations), DOLPHIN DIVERS Inc, LAROS DIVING Inc, and KONA COAST SKIN & SCUBA DIVERS LTD (Operators), the STAFF OF JACKS DIVING LOCKER (Dive Supervisors) , nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any occurrence on this trip which may result in personal injury, property damage or wrongful death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties, whether passive or active.

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

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement 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 understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

I hereby state and agree that this Liability Release will be effective for my participation in any and all Events provided by the Released Parties from the date I sign the Liability Release through 31 December 2023.

\_\_\_\_\_  
SIGNATURE OF DIVER

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (Where Applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
E-MAIL ADDRESS Only list your address if it is ok for us to send you email.

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

# Environmental Pledge

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The precious coral reefs of Hawaii are facing many serious threats from human actions. Even divers, snorkelers and other recreational users can harm coral reef ecosystems if they behave carelessly and do not show respect for marine life. Hundreds of thousands of people visit Hawaiian reefs every year so small individual infractions can add up to have a significant effect.

Because we care about our coral reefs and want to do everything possible to reduce human impacts, we ask that you commit to not participate in potentially destructive behavior. We are not attempting to limit your experience; in fact, following these rules of responsible marine recreation will help you to better understand and appreciate coral reefs while you help to preserve this unique ecosystem for future generations.

If you want to learn more about coral reef ecosystems and the thousands of creatures that depend on them, ask your Guide or Instructor

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I, \_\_\_\_\_, commit to minimize my impact to the sensitive coral ecosystem by following these rules of responsible marine recreation below.

I promise to:

- Always listen to my Guide and/or Instructor and follow her or his advice. Following safety guidelines can save my life and help to protect the reef.
- Never touch, step on, or kick coral reefs or live rock. Corals are living animals that eat, grow and reproduce and can be damaged by contact. They are also fully protected by State law.
- Never throw food or rubbish into the water or feed fish. Human food and bought fish food can sicken fish and other marine life and disrupt the natural interactions between reef organisms that keep the ecosystem healthy.
- Never chase, touch, or try to move or manipulate marine-life; this can stress and harm the animals. If they want to approach you, it must be their choice.

I understand that if I disregard or knowingly violate these rules of responsible marine recreation, I could be excluded from further diving activities without right to refund and my behavior may be reported to other dive centers.

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