

STANDARD LIABILITY RELEASE AND WAIVER OF RIGHTS

My signature below, indicates that I affirm and acknowledge that I have been advised and thoroughly informed of the inherent hazards of water-based activities, including but not limited to boating, snorkeling, free diving, scuba diving, kayaking and shoreline cleanups and that I understand and agree to abide by the Suncoast Aqua Ventures best safety practices.

I desire to participate or allow my child(ren) to participate in this Suncoast Aqua Ventures Clean Up activity. I assume all risks in connection with these Activities for harm, injury, or damage that may befall me while participating in the Activities, including associated risks, whether foreseen or unforeseen. I understand that I will be asked to sign a release every time I participate in a volunteer activity.

I understand and agree that Suncoast Aqua Ventures and any other organization or group sponsoring or participating in the Activities (including their respective employees, officers, agents, and designates), and other Suncoast Aqua Ventures staff engaged in the land-based and water-based Activities (individually and collectively the "Released Parties") may not be held liable or responsible in any way for injury, property damage, wrongful death, or other damages of any kind to myself or my family, heirs, or assigns that may occur as a result of my participation in cleanup activities under Suncoast Aqua Ventures auspices or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I understand that the terms of this Release are contractual and not a mere recital, and that I have signed this Release of my own free act and with the knowledge that I am agreeing to waive my legal rights. Further I understand and agree that, in the event that one or more provisions of this Release, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, that invalidity, illegality, or unenforceability shall not affect any other provision of this Release, and this Release shall be construed as if any invalid, illegal, or unenforceable provision or provisions had never been contained in this Release. 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, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I hereby state and agree that this Release will be effective and valid for all activities associated with all Suncoast Aqua Ventures land-based and water-based Activities for the dates listed below. I further state that I am of lawful age and legally competent to sign this Release, or that I have acquired the written consent of my parent or guardian. I acknowledge that I have read the foregoing paragraphs, fully understand the potential dangers of engaging in the land-based and water-based Activities, am fully aware of the legal consequences of signing this Release, and I understand and agree that this Release is legally binding and will preclude me from recovering monetary damages from the Released Parties, for any reason relating to or arising out of my participation in the Activities. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it. I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida, United States of America.

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.

Event Name /	Location: <u>Reef & Beach Cleanup, Seabreeze Park, Terra Ceia 3425</u>	U_ Event Date: April 5-6, 2025	
Your Name (p	orint):		-
Signature:	****** if under 18 years of age ~ Parent or Guardian Signature ******	Date:	_
Phone:	Email:		_
Mailing Addre	ess:		_
City:	State:	Zip:	