

Aquatic Adventures, Inc.

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I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

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Participant Signature

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Date (Day/Month/Year)

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Signature of Parent of Guardian (where applicable)

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Date (Day/Month/Year)