

DOWNTOWN AQUARIUM / A-1 SCUBA & TRAVEL AQUATICS CENTER Inc.
SNORKELING LIABILITY RELEASE, VOLUNTARY ASSUMPTION OF RISK, INDEMNITY AND WAIVER OF CLAIM AGREEMENT

PLEASE READ CAREFULLY AND FILL ALL BLANKS BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I acknowledge that I am and/or any minor child that I represent ("Minor Child") is aware that snorkeling (also known as skin diving) has inherent risk which may result in serious injury or death. In signing this release I acknowledge that in consideration of being allowed to participate in the Swim with the Fish Experience (the "Experience"), I for myself, and/or the Minor Child (if any), hereby personally assume all of the risks whether foreseen or unforeseen, that may befall upon me and/or the Minor Child (if any) while participating in this Experience or in any way related to participation in this Experience which may include serious injury or death. I, for myself, my heirs, executors, administrators, representatives, and Minor Child (if any), do hereby RELEASE, EXEMPT, HOLD HARMLESS, INDEMNIFY, AND COVENANT NOT TO FILE SUIT against A-1 Scuba & Travel Aquatics Center Inc., Landry's Downtown Aquarium, Inc., and/or any of their parents, affiliates, subsidiaries, and associated entities nor any of their respective employees, officers, directors, shareholders, agents, contractors or assigns (hereinafter referred to as "Released Parties") from any LIABILITY, LOSS, CLAIMS, DEMANDS AND POSSIBLE CAUSES OF ACTION IN ANY WAY RESULTING FROM OR ARISING OUT OF OR IN ASSOCIATION WITH MY AND/OR THE MINOR CHILD'S (if any) PARTICIPATION IN THE EXPERIENCE WHETHER ARISING FROM MY AND/OR THE MINOR CHILD'S (if any) NEGLIGENCE, GROSS NEGLIGENCE, OR INTENTIONAL CONDUCT OR THE NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL CONDUCT OF ANY OF THE RELEASED PARTIES. I further represent that I have the authority to execute this agreement on behalf of myself and Minor Child and that my heirs, executors, administrators, and representatives, and any of the Minor Child's (if any) heirs, executors, administrators, and representatives will be prohibited from claiming otherwise because of my representations to the Released Parties. I agree on behalf of myself and the Minor Child (if any) TO INDEMNIFY and hold harmless the Released Parties from any and all claims, including mine or those of the Minor Child or a third party, arising in whole or in part from my or the Minor Child's participation in the Experience. _____ (Initial)

I affirm the Minor Child (if any), and I are in good mental and physical fitness for snorkeling and are not under the influence of alcohol or any drugs that are contraindicated to snorkeling, or other physical activities involving water. If the Minor Child (if any) or I are taking medication, I affirm that we have seen a physician and have the physician's approval to participate in activities such as described herein. I further affirm that the Minor Child (if any) and I are not currently taking medication that carries a warning about any impairment of my physical or mental abilities. I understand that snorkeling/skin diving are physically strenuous activities and that I will be exerting myself during this Experience, and that if the Minor Child and/or I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause whatsoever, that I expressly assume the risk of said injuries and that of the Minor Child (if any), and I will not hold the Released Parties responsible for the same. _____ (Initial)

I understand that past or present medical conditions may be contraindicative to my and/or the Minor Child's (if any) participation in the Experience. I affirm that the Minor Child (if any) and I are not currently suffering from a cold or congestion or have an ear infection. I further affirm that neither the Minor Child (if any) nor I have a history of seizures, dizziness or fainting, or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that the Minor Child (if any) and I do not have a history of respiratory problems such as emphysema or tuberculosis. **I acknowledge that if I am unsure of the health risks associated with the Experience, I should consult a physician of my choice before participating in this Experience.** _____ (Initial)

I understand that I and/or the Minor Child (if any) will be snorkeling with marine life during this Experience. I understand and acknowledge these are wild animals and their behavior cannot be predicted or controlled. I affirm that if I and/or the Minor Child (if any) is/are injured by any such marine life, regardless of the cause, the Minor Child (if any) and I will not hold the Released Parties responsible for any such injury or death. I hereby represent that the Minor Child (if any) and I will observe all applicable rules set forth by the Released Parties and that the Minor Child (if any) and I will generally conduct ourselves in a safe and prudent manner. I understand that if the Minor Child (if any) and I do not follow safety rules, our participation in the Experience will be immediately terminated. _____ (Initial)

In consideration for participating in the Experience, I agree for myself and the Minor Child that ALL claims for injury to person or property and/or death arising from my or the Minor Child's participation in the Experience shall be GOVERNED BY COLORADO LAW and EXCLUSIVE JURISDICTION shall be in Denver District Court or in federal court for the District of Colorado. _____ (Initial)

I hereby consent to the reproduction and use of my photograph or reproduction thereof, either in whole or in part, or alone or in conjunction with other photographs, sketches, cartoons, art work, motion picture film, television program, commercial, videotape, and text matter, at your option, to be used by Landry's Restaurants, Inc., its subsidiaries and their agents or assignees, for any and all advertising, trade, or art purposes and in any and all publications and other advertising media without limitation, reservation or compensation. _____ (Initial)

I understand that I am not entitled to any form of reimbursements or refund for cancellation or the guest not entering the water.
_____ **(Initial)**

I further state that I am of lawful age and legally competent to sign this liability release. 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 HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT AND AGREE TO BE LEGALLY BOUND HEREBY. I HAVE FREELY EXECUTED THIS RELEASE.

Diver Signature

Print Name

Date (Month/Day/Year)

Signature of Parent or Guardian
(If applicable)

Print Minor Child's Name

Date (Month/Day/Year)

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact On-Site? (Is your emergency contact here at the Downtown Aquarium?)