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Participant Agreement, Release, and Assumption of Risk Form
FOR ALL PARTICIPATING ADULTS

In consideration of the services of Carolina Ocean Studies, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "COS") I hereby agree to release, indemnify, and discharge COS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in a coastal and / or ocean waters based educational tour on a boat and on coastal islands entails known and unanticipated risks which could result in serious physical injury or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Furthermore, COS instructors are not infallible. They might misjudge a participant's fitness or abilities. They may misjudge the weather, elements or terrain.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless COS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of COS's equipment or facilities, including any such Claims which allege negligent acts or omissions of COS.

4. Should COS or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree that the prevailing party shall be entitled to all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a claim against COS, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a claim against COS on the basis of any cause of action from which I have released them herein.

I understand and acknowledge that my participation in this program is solely through Carolina Ocean Studies and not sponsored nor in any way connected in any manner with his/her school.

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I hereby grant permission to COS, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Date: _____ Print Name: _____

Address: _____

Home phone: _____ Work phone: _____

Do you have medical insurance coverage? YES _____ or NO _____

Describe any medical or other conditions you have and what measures should be taken:

List any medications you are on: _____

Allergies: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18 when accompanied by parents that have completed the above form)

In consideration of _____ (print minor's name) ("Minor") being permitted by COS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless COS from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I hereby state that my child will follow basic instructions provided by personnel associated with the minor's supervision during this program.

I hereby grant permission to COS personnel full and free use of videos/ photographs containing my child's image/ likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

I understand and acknowledge that my child's in this program is solely through Carolina Ocean Studies and not sponsored nor in any way connected in any manner with his/her school.

Parent's or Guardian Signature: _____

Print Name: _____ Date: _____

Does your child have medical insurance coverage? YES _____ or NO _____

Describe any medical, behavioral or other conditions your child has and what measures should be taken:

List any medications your child is on: _____

Allergies: _____