



Reservation Form

Please take a moment to fill out this form, sign at the bottom, and return it to us with your deposit.

Passenger Names Cabin Request

| | |
|---|--|
| Trip: | number of people: |
| Departure Date: | |
| Your Name: | (circle one) <i>diver</i> <i>non-diver</i> |
| Contact Email: | |
| Fax number: | |
| Contact Phone: | |
| Passenger names: (please specify diver or non diver) | |

Please make checks payable to Liquidassets.tv or include c.c. information here:

| | | |
|----------------------------------|--------------|---------------------------|
| Credit Card Number: | EXP | Pin code |
| Billing address for card: | | |
| Street: | City: | State: Zip: |

Booking Terms –

Payment Terms: 50% Deposit Required Upon Reservation – Final payment due 90 days before departure.

Cancellation Terms: 90 or more days before departure 50% of trip cost - Less than 90 days 100%

Medical Issues – You should confirm well before your scheduled departure date that any medical condition that you may have, or any medications which you may be taking, are not contraindicated for diving.

Your Signature: _____ **Date:** _____

Thank you for joining the crew and choosing to dive into history with Liquidassets.tv

We look forward to having you with us on our adventures!

Complete this form and return it by scanned email, mail or fax it to the number below to secure your space.

LiquidAssets.tv, LLC | fax 903.432.4645 | tel 903.432.4646 |

email info@liquidassets.tv | web www.liquidassets.tv - www.intothedrink.tv



ASSUMPTION OF RISK, LIABILITY RELEASE AND INDEMNITY

This document must be initialed where indicated and signed below without modification.

This SIGNED and INITIALED document must both be: sent to LA reservation office via fax or email no later than your final payment, and given as an ORIGINAL COPY to the Captain upon arrival.

For and in consideration of LiquidAssets.tv (collectively known as LA) permitting me to board, reside on, and participate in scuba diving and other activities connected with vessels owned and/or operated by them (the "activities"), I hereby voluntarily and knowingly represent and agree for myself and my heirs, executors, administrators and assigns as follows:

DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BELOW

____ 1. I am a certified scuba diver trained in safe diving practices and understand and agree that the purpose of our diving is strictly recreational. I am aware (1) that scuba diving is a physically strenuous activity and that I will be exerting myself during this dive excursion, (2) of the risks inherent in the activity and instruction of skin and scuba diving, and (3) that it is not the function of LA or its agents or employees to act as the guardians of my safety, and I expressly assume these risks.

____ 2. I understand that diving with compressed air involves certain risks, and that injuries can occur that require treatment in a recompression chamber. I further understand that an open water diving trip may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed with such dives.

____ 3. I understand that even if I follow all of the appropriate dive practices, there is still some risk of my sustaining heart attack, decompression sickness, embolism or other diving-related injuries, and I expressly assume the risk of such injuries or illnesses. I further understand that diving in ocean waters involves additional risks due to the environment, animal or sea life, currents and mechanical or equipment failure or misuse and that injury or death may occur from such risks, and I expressly assume such risk.

____ 4. I understand that LA complies with the recommendations of the Recreational Scuba Diver Training Council (RSTC) regarding physical and mental fitness for diving. I affirm that I have reviewed the RSTC Medical Statement and the guidelines, standards and recommendations contained therein and that either (1) I have no medical history or condition and am taking no medication contraindicated for diving, or (2) I will be in possession of a doctor's statement less than one year old affirming my fitness to dive despite one or more contraindicated medical conditions or medications that I am taking. I understand that, if I have a contraindicated medical history or condition or take contraindicated medication, and can not provide a current doctor's recommendation of my fitness to dive, I will be unable to participate in diving activities associated with Liquidassets.tv and that no refund or other consideration will be given.

DIVERS AND NON-DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BELOW

____ 5. I acknowledge that I have been fully and completely advised of the potential hazards and dangers incidental to boat-based residence and in-water activities, including remoteness by time and/or distance from any medical facilities, and I expressly assume such risk.

____ 6. I shall observe strictly and comply with such additional reasonable terms and regulations that LA or its employees may from time to time deem desirable or needful to prescribe before or during any activities I undertake during any trip with Liquidassets.tv, for insurance, safety or other reasons.

____ 7. It is my intention, by signing this document, to exempt and release LA and their agents, servants and employees from any and all liability for personal injury, property damage, wrongful death and loss of services caused by the negligence of LA or its servants, employees or agents., either aboard the vessel or during onshore excursions or tours. In the event I shall prosecute any such claim against LA or its servants, employees or agents. I shall indemnify and hold them harmless from any and all loss or liability, including costs and attorneys' fees.

____ 8. Cancellation and Refund Policy - I understand that if I cancel my trip due to injury, family emergency, or other conflict, I will be subject to the cancellation or change fees described on the reservation terms and cancellation policies provided on page 2 here. I agree to pay these fees. I understand that LA has the option of substituting facilities or equipment of equal or greater value in place of the booked trip, or refunding or rescheduling the boat passage portion of my trip only, in the event of a forced last minute cancellation by LA due to mechanical failure or other circumstances within the operator's control. I understand that LA may offer some consideration towards a future trip only if more than one full diving day on a given trip is lost due to circumstances within LA's control. I understand that LA is in no case responsible for airfare cancellation penalties or change fees, additional travel costs incurred in the event of a forced itinerary change to comply with government regulation or weather concerns, minor delays or inconvenience, missed connections, lost baggage recovery, or expenses incurred due to travel delays, whether or not such travel is booked by or through LA. I understand that LA is not responsible if any factor not within LA's control forcing cancellation of the trip, including but not limited to political unrest, changes in government regulation, air carrier strike, or adverse weather. I agree to obtain trip cancellation insurance coverage if I wish my trip costs or other fees to be reimbursed in the event of any of the circumstances described above.

____ 9. Photographic Release - I hereby give LA permission with respect to the photographs and/or videos that have been taken of me, or in which I may be included with others, to copyright the same in LA's name or any other name that LA may choose, and to use and/or publish the same in whole or in part for any purpose whatsoever, including illustration, advertising and promotion, and advertising trade.

If any provision of this document is found to be unenforceable or invalid, that provision shall be severed from this Assumption of Risk and the remainder of this document shall be construed as though the unenforceable provision had never been contained in this document and shall remain in full force and effect.

I ACKNOWLEDGE THAT I HAVE READ AND INITIALED THE FOREGOING PARAGRAPHS, AND THAT I FULLY UNDERSTAND THE LEGAL RIGHTS THAT I AM GIVING UP BY SIGNING THIS DOCUMENT.

Name (please print): _____ **Date:** _____

Signature: (For a Minor) Signature of Parent or Guardian: _____



IMAGE RELEASE

I hereby authorize LiquidAssets.tv, LLC and those acting pursuant to its authority to photograph, video tape, or use any other electronic method of recording my likeness and/or voice to be used at said company's discretion in company-related publications, productions and/or web sites.

I hereby give LiquidAssets.tv, LLC the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release LiquidAsset.tv, LLC and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of Liquidassets.tv, LLC. I agree that liquidassets.tv, LLC may use any and all performance, picture or likeness on film, video or photo, for advertising, trade, or any other lawful purposes.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

(If you are under 18 years of age, a parent or guardian must sign.)

Signature _____ date _____

Printed Name _____

Minor's Name (if applicable) _____

Address _____

City/State/Zip _____

Email address: _____

Phone: _____

Notes: (continue on back)