



Ultimate Diver Challenge, LLC.  
 10507 College Avenue, Kansas City, MO 64137  
 (816)765-SCUBA  
[www.ultimatediverchallenge.com](http://www.ultimatediverchallenge.com)

**DECLARATION AND RELEASE WAIVER**

In the Matter of: The "Ultimate Diver Challenge" Event  
 Occurring in Cozumel, Mexico July 16 through July 31, 2011

An event organized by: Ultimate Diver Challenge, LLC and hereinafter referred to as, "The Event Organizers," I do hereby state and declare that I,

\_\_\_\_\_  
 Name

Who is herein after referred to as "The Participant" having supplied medical release waivers, proof of certification and participation waivers for underwater activities scheduled for Cozumel Mexico and herein referred to as the "Event", in the following capacity/activities initial below (initial events below):

- \* Challenge/Volunteer Events \_\_\_\_\_
- \* Discover Cozumel Race \_\_\_\_\_
- \* Opening, Midweek, Closing Ceremonies \_\_\_\_\_
- \* Photography Events \_\_\_\_\_

In consideration of the "Event", I hereby grant to "The Event Organizers" the worldwide perpetual right, royalty free license and authority to use and display any photograph, video or other likeness taken of "The Participant: by, or on behalf of, "The Event Organizers" or its advertising and promotional agencies, in conjunction with the said "Event", without further permission or compensation.

I agree that I, "The Participant" understand and will abide by the "Event" eligibility rules and requirement requests of the "The Event Organizers", and in consideration of the aforementioned, I hereby fully and forever discharge and release "The Event Organizers:, it's staff, sponsors, advertising and promotional agencies related to this "Event" from any and all claims, demands, damages, actions, or causes of action of any nature whatsoever which I, my heirs, executors, or administrators may now or hereafter have against them in respect of, or relating to my participation in the "Event".

**I HEREBY DECLARE THAT:**

1. I comply with all the requirements to participate in the "Event" as a participant.
2. I have supplied medical releases waivers and proof of certification.
3. I am above the age of majority, 18 and older and therefore fully capable of signing the Declaration and Release/Waiver for myself.
4. This Declaration and Release/Waiver is, to the best of my knowledge and belief, a true and accurate Statement of the facts contained herein.
5. By Signing this Declaration and Release/Waiver, I acknowledge having read, understood and agreed to The above release.

DATED: MONTH \_\_\_\_\_ DAY \_\_\_\_\_, YEAR \_\_\_\_\_

\_\_\_\_\_  
 PRINT

\_\_\_\_\_  
 SIGN

\_\_\_\_\_  
 TELEPHONE #

\_\_\_\_\_  
 WITNESS