

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form Bubbles Turtle Conservation Experiential Program

Please read carefully and fill in all blanks before signing

Liability Release and Assumption of Risk Agreement

I, _____, hereby declare that I am aware that the activities conducted in the Experiential Program have inherent risks which may result in serious injury or death. I hereby personally assume all risks of this experience, whether foreseen or unforeseen, that may befall me while I am a participant in this experience.

I further understand that night shift based activity, and outdoor work activity (hereinafter referred to as "Project Work,") are necessary for this experience may be conducted at a site that is remote, either by time or distance or both, from a clinic, or hospital. I also understand that scheduled Project Work is physically strenuous activities and that I will be exerting myself during this experience.

I understand and agree that neither Bubbles Turtle Conservation team members, the facility through which this experience is offered, _____, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this experience or as a result of the negligence of any party, whether passive or active.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE BUBBLES TURTLE CONSERVATION TEAM MEMBERS, THE FACILITY THROUGH WHICH THIS EXPERIENCE IS OFFERED, _____, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's (Parent or Guardian if applicable) Signature

(Day/Month/Year

Activity Release Form

Activity Name	Date

I _____, hereby declare that I am aware that there are activities scheduled for the day by Bubbles Turtle Conservation for the Experiential Program and that the activities may proceed without my participation.

I understand and agree that I am choosing a non-participation of the scheduled activity of my own volition and I will not request for a reimbursement of said activity. I will also not request a rescheduling of said activity in any way during my stay at Bubbles Dive Resort.

I further state that I understand that Bubbles Turtle Conservation holds the right to reschedule the activities lined up for the Experiential Program due to external circumstances such as bad weather or circumstances not mentioned.

Please **initial** the paragraph below which is applicable to your present situation:

____ - I am 18 years of age or older and I am competent to contract my own name. I have read this release before signing below, and fully understand the contents, meaning and impact of this release.

____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Participant's (Parent or Guardian if applicable) Signature

(Day/Month/Year)

Media Release Form

I _____, grant permission to Bubbles Turtle Conservation to use my content (photographs and/or video) for use in Media publications.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **mark** the box below which is applicable:

- I allow Bubbles Turtle Conservation to have all rights to produce content from the activities conducted in the Experiential Program.
- I would like to be identified or tagged on social media content produced by Bubbles Turtle Conservation.

Please **initial** the paragraph below which is applicable to your present situation:

____ - I am 18 years of age or older and I am competent to contract my own name. I have read this release before signing below, and fully understand the contents, meaning and impact of this release.

____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Participant's (Parent or Guardian if applicable) Signature

(Day/Month/Year)

Customer Feedback Form
Bubbles Turtle Conservation Experiential Program

Name:

Date of Participation:

1. How did you hear about our turtle experiential program?

2. Have you participated in similar experiential program before?

3. What attracted you to sign up for this experiential program?

4. Please rate your satisfaction level (?/10) on the sessions below:
 - ❖ Meet & Greet (/10)
 - ❖ Hatchery Maintenance (/10)
 - ❖ Night Patrol (/10)
 - ❖ Turtle Talk (/10)
 - ❖ Water Safety Workshop (/10)
 - ❖ Turtle Nesting Habitat Workshop (/10)
 - ❖ Shore Reef Exploration Workshop (/10)
 - ❖ Beach Clean Up & Recycling (/10)
 - ❖ Online Education Video Making (/10)

5. State 3 recommendations to further improve the program.
 - a)
 - b)
 - c)

6. Would you recommend our turtle experiential program to others? If not, why?

7. Please share a short testimony regarding your participation in the program?

I agree to the publication of my testimony by Bubbles Turtle Conservation.