

RELEASE OF LIABILITY AND STIPULATED DAMAGES AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

[ALL PERSONS MUST READ AND SIGN THIS AGREEMENT BEFORE PARTICIPATING IN THE JOAN OCEAN PROGRAM.]

I, _____, acknowledge that I have voluntarily applied to participate in
(Print Name) the "Joan Ocean Programs"

_____ I recognize that the activities of boating on open ocean and shores, driving on roads and highways, hiking around shorelines and on trails, and swimming in streams, rivers and the ocean, and all other hazards and exposures connected with these activities do involve risks and dangers inherent with these activities. I acknowledge that in consideration for being allowed to take part in the "Dolphin Connection Program," I accept and assume all of the dangers that are inherent in all of the above activities, whether or not these dangers are obvious or necessary.

_____ I understand and agree that any bodily injury, death or loss of personal property, and expenses thereof that occur as a result of my participating in these activities, are my responsibility. In the event that any damages are to be paid, they shall not exceed the amount of consideration I have paid. And if litigation is pursued after payback of consideration has been tendered, all legal expenses of both parties shall be borne by the party first bringing forth litigation.

_____ I hereby certify that I am in good health and that I am physically and mentally capable of handling the hazards of boating, swimming, weather conditions, exposure to animals, mammals and fish, walking, dancing, and all other conditions associated with the "Dolphin Connection Program."

_____ In consideration of my participation in the "Dolphin Connection Program," I do hereby release "Dolphin Connection Program," Dolphin Connection, and their agents and employees, from any legal liability for any and all injury or death caused by, or resulting from my participation in "Dolphin Connection Program" activities, whether or not such injury or death was caused by their negligence or from any other cause.

_____ In consideration of my participation in the "Dolphin Connection Program", I do hereby release Dolphin Connection and heir agents, employees, from any legal liability for any change or interference in their programs that could be caused by changes in Marine Mammal Protection laws or any new environmental laws.

Furthermore, I hereby waive, release and discharge "Dolphin Connection Program," Dolphin Connection, and their representatives, successors and assigns for any and all losses of property, personal injuries, damages and claims, even injuries resulting in death, whether caused by the negligence of "Dolphin Connection Program" or any other cause that I might sustain as a result of taking part in "Dolphin Connection Program."

I agree that this agreement is to bind my heirs, estate, my assigns, legal guardians, personal representatives and me.

I agree that this release and waiver agreement is intended to be as broad and inclusive as permitted, and that if any part of this agreement is held invalid I agree that the rest shall continue to have full legal force and effect.

IF PARTICIPANT IS UNDER 18 YEARS OF AGE: a parent or guardian must sign below to verify that he/she waives, releases and forever discharges on behalf of such minor and his/her heirs, executors and administrators, all claims, liability, rights or causes of action as set forth above.

THIS IS A RELEASE OF LIABILITY AND A STIPULATED DAMAGES AGREEMENT. DO NOT SIGN THE AGREEMENT IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

PARTICIPANT'S SIGNATURE DATE

(If participant is a minor) PARENT'S OR GUARDIAN'S SIGNATURE YOUR PHONE NUMBER/S

DATE OF SYMPOSIUM: _____

ADDRESS _____

City, State, Zip Code, Country _____

EMAIL ADDRESS _____ PHONE _____

Please complete the following for our records:

I eat a variety of foods: (preferences) _____ or Vegetarian _____

Is there anything we need to know about your health? _____

Your Swim Skills: Beginner _____ Intermediate _____ Advanced _____

Snorkeling Experience? _____ When were you last swimming? _____

Sex: M - F Age _____ Birth Date: _____

Is there a particular person you would like to have as a roommate? _____

NAME and Phone Number of Person to Contact in Case of EMERGENCY:

**Please mail or fax ASAP to: DOLPHIN CONNECTION LLC
P.O. Box 102, Captain Cook, Hawaii 96704
Phone and Fax: 808-323-8000**