Kipu Coast Explorer L.L.C. dba KauaiBoatTours.Net

ALL TOURS ARE FULLY REFUNDABLE WITH 48 HOUR NOTICE PRIOR TO YOUR TOUR.

PLEASE BRING DRIVER'S LICENSE AND/OR PASSPORT ID IF ENJOYING ADULT BEVERAGES WHILE ONBOARD.

INFORMED CONSENT: I (hereinafter "I" or "participant) wish to participate in open boat travel with Kipu Coast Explorer, LLC, which will include: getting in and out of an unenclosed boat with other people and equipment, traveling to and from a bay or a harbor into the open ocean (which may include boat travel in and out of coves, caves and/or other land formations) in a conduct which could include boating, swimming, and/or snorkeling (at my option) at designated times and areas during the trip (hereinafter "Recreational Activity"). I understand that the Recreational Activity is being facilitated by Kipu Coast Explorer, LLC (hereinafter the "Operator"). I am also aware that the boat is owned by Kipu Coast Explorer, LLC (hereinafter the Owners). I am aware of and understand the inherent risks and dangers associated with the Recreational Activity, which generally include: the risk of property damage, personal injury or death; and more specifically, include, but are not limited to: drowning, injury by rocks, reef and other ocean life; slipping or falling while getting on or off the boat and/or while onboard the boat; being cut or struck by a boat or other object while I am in the water. I understand that riding in an unenclosed boat, swimming, and/or snorkeling are all physically strenuous activities that require skill and that I will be exerting myself while participating in the Recreational Activity. If I am injured or die as a result of a heart attack, panic attack, hyperventilation, drowning or by any other cause, I expressly assume the risk of said injuries and/or death. I will not hold the Operator or Owners liable for said injuries and/or death. I understand that I should not participate in the Recreational Activity if I have certain medical conditions.

- ___ I affirm that I am not currently pregnant.
- ___ I affirm that I do not have a history of heart conditions (for example, cardiovascular disease, angina, or heart attack).
- ___ I affirm that I do not have a history of respiratory problems such as emphysema, or tuberculosis.
- ___ I am not currently taking any medications that carry a warning about any impairment of my physical or mental abilities.
- ___ I affirm that I have no previous neck, back, hip, knee injuries and/or other injuries that could impair me or reinjure.
- ___ I affirm that I do not have a history of seizures, dizziness, and/or fainting.
- ___ I affirm that I or someone in my group can understand and communicate all instructions given by the captain and crew in English.
- ___ I understand that all tours are limited to ocean conditions of that particular day.
- ___ I understand that the ability to snorkel is limited to ocean conditions of that particular day.
- ___ I understand that seeing whales, and/or other sea life is never guaranteed.

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Please note: We have a weight restriction of 280lbs or less per person. The weight and balance of a vessel is crucial to its ability to perform, so we appreciate your understanding of strictly enforcing this policy. If a participant is over the weight limit upon check-in and we are unable to accommodate, we will be obligated to remove that individual from the tour.

In consideration of my participation in the Recreational Activity, I agree to assume all responsibilities in relation to such Recreational Activity and release, defend, hold harmless and indemnify the Operator and Owners, including their officers, agents, employee, contractors, and guides from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury or death to me, my family, or any other party which in anyway caused by my participation in the Recreational Activity. I hereby affirm that I am of lawful age and legally competent or have obtained the written consent of my parent/guardian. I agree and understand that this agreement is binding on me and my next of kin, assigns, heirs, or personal representatives. I agree and understand the agreement shall be interpreted and enforced according to the laws of the State of Hawaii. I agree and understand that any portion of this agreement shall be determined invalid or unenforceable, the remainder of this provision shall remain in full force and effect. I agree and understand that the photocopy and/or facsimile of this authorization shall have the same force and effect of the original.

By signing below, I declare that I am in good health, physically able to participate in the Recreational Activity. I acknowledge that I have read (or have had read to me) and understand every provision in this document and I agree to abide by them.

PRINT GUEST NAME/GUEST AGE DATE

GUEST SIGNATURE/PARENT/GUARDIAN -UNDER AGE 18 YEARS