

AGREEMENT AND RELEASE FROM LIABILITY

1. VOLUNTARY PARTICIPATION. I, _____, (Name of guest), acknowledge that I have voluntarily agreed to come aboard a USCG Auxiliary vessel as a guest.

2. ASSUMPTION OF RISK. I AM AWARE THAT BEING ABOARD SUCH A VESSEL IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. RELEASE. As Consideration for being permitted by the U. S. C. G. Auxiliarist who is the coxswain of the vessel to participate in these activities and use related facilities, I hereby agree to the following: (1) That I, my assignees heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of the vessel owner or the USCG auxiliary on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any coxswain, crew member, other guest, member of the USCG auxiliary on board or participating in the activity in any capacity whatsoever arising from my presence on said vessel. (2) I hereby release _____

_____ (names of coxswain, owner, crew, guests, and other Auxiliarists participating in the activity, and the USCG Auxiliary from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my presence on the facility.

4. KNOWING AND VOLUNTARY EXECUTION. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN AGREEMENT BETWEEN ME AND _____ (Name of boat owner) AS WELL AS THE UNITED STATES COAST GUARD AUXILIARY.

Dated: _____

Signed: _____ (Guest)

DECLARATION OF WITNESS

I certify that _____ (name of guest) acknowledged in my presence that _____ (he or she) read and fully understood the meaning and consequences of the forgoing release, and signed it in my presence.

Executed _____ (date) at _____ (City), _____ (State)

_____ (signature of witness)

_____ (typed of printed name and address)