



WAIVER AND RELEASE OF LIABILITY

I have voluntarily chosen to participate in and/or permit my child/children to participate in, the following described activity:

Touring and sleeping overnight on the submarine USS COBIA on [____ DATE ____] in the Manitowoc River at the WISCONSIN MARITIME MUSEUM in Manitowoc, Wisconsin.

THIS ACTIVITY INCLUDES EMBARKING AND DISEMBARKING FROM A GANGWAY ONTO/OFF OF THE DECK OF THE SUBMARINE; TOURING THROUGH DIMLY LIGHTED COMPARTMENTS AND NARROW PASSAGeways BY MEANS OF STEEP STAIRS AND LADDERS; SLEEPING IN SMALL BUNKS IN CONFINED SPACES. SUCH ACTIVITY MAY INVOLVE PITCHING OR ROLLING OF THE BOAT AS IT LIES DOCKSIDE; EXTERIOR SURFACES MAY BE WET AND/OR SLIPPERY.

I CERTIFY THAT I AM AWARE THAT THE ACTIVITY INVOLVES A CERTAIN LEVEL OF RISK NOT NORMALLY ENCOUNTERED, AND THAT I VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH SUCH ACTIVITY.

AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY, I HEREBY VOLUNTARILY RELEASE THE WISCONSIN MARITIME MUSEUM AND ANY AND ALL OF ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS & REPRESENTATIVES FROM ANY CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR CONNECTED WITH MY OR MY CHILD'S/CHILDREN'S PARTICIPATION IN SAID ACTIVITY, WHETHER SUCH INJURY OR DAMAGE WAS CAUSED BY PARTICIPANT NEGLIGENCE OR OTHERWISE, & I HEREBY VOLUNTARILY WAIVE MY RIGHT TO MAKE A CLAIM AGAINST OR SUE FOR SUCH INJURY OR DAMAGE.

I have carefully read this Release of Liability Agreement & fully understand its contents. I sign this document of my own free will.

Participant's Names (Please Print)

Participant's Date of Birth

[Signature of custodial parent]

[Date]

[Printed Name]