

**RESOLVE MARINE GROUP, INC
RESOLVE TOWING & SALVAGE, INC.
RESOLVE FIRE & HAZARD RESPONSE, INC.
RESOLVE MARITIME ACADEMY, INC.**

Participant's Name: _____

ASSUMPTION OF RISKS AND WAIVER OF LIABILITY

Waiver: In consideration of being permitted to participate in any way that:

I, for myself and/or on behalf of, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Resolve Marine Group, Inc. and all subsidiaries, its officers, employees, and agents from liability **from any/all claims including the negligence of Resolve Marine Group, Inc., and all subsidiaries, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, any augmented reality mobile fire and hazmat training and/or any activities related thereto.

Signature of Participant Date

Signature of Parent/Guardian of Minor Date

Assumption of Risks: Participation in this event carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate those and other risks that are inherent in this event and I hereby assert that my participation is voluntary and that I knowingly assume all such risk.

Indemnification and Hold Harmless: I also agree to INDEMNIFY and HOLD Resolve Marine Group, Inc, and all subsidiaries. HARMLESS from any and all claims, actions, suits, procedures, cost, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in this activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant Date

Signature of Parent/Guardian of Minor Date

Participant's Age (if Minor) _____