

SPECIAL EVENT LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

	(Name of Event/Activity)
Please read carefully and fill in all blanks be	fore signing.
l,(Participant Name)	, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA
` ' '	FICES, AND AM AWARE THAT SKIN AND SCUBA DIVING HAVE N SERIOUS INJURY OR DEATH.
I understand and agree that neither	; nor the organizers or
tive employees, officers, agents or assigns responsible in any way for any injury, death	Inc., nor its affiliate or subsidiary corporations, nor any of their respective (hereinafter referred to as "Released Parties"), may be held liable or or other damages to me or my family, estate, heirs, or assigns that may activity, or as a result of product liability or the negligence of any party, assive or active.

I understand that diving with compressed air involves certain inherent risks, including but not limited to, air expansion injuries, decompression sickness, embolism and drowning. Hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contradictory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I will inspect all of my equipment prior to the activity. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

I am aware that safe dive practices suggest diving with a buddy. Accordingly, it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, maintain buddy contact and follow the instructions of the dive supervisor, including the dive briefing.

In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with the dive(s) for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

I further release, exempt and hold harmless said activity and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this activity, including both claims arising during the activity or after I complete the activity.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the

written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I,	, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE		
(Participant Name) (Dive Center/Resort) OF THIS EVENT, AND PADI AMERICAS, IN	UC AND ALL RELATE		RS AND PROMOTERS
ABILITY OR RESPONSIBILITY WHATSOE DEATH HOWEVER CAUSED, INCLUDING TIES, WHETHER PASSIVE OR ACTIVE.	VER FOR PERSONA	AL INJURY, PROPERTY	DAMAGE OR WRONGFU
I HAVE FULLY INFORMED MYSELF AND MASSUMPTION OF RISK AGREEMENT BY HEIRS.			
Participant's Signature		Date	(Day/Month/Year)
Signature of Parent or Guardian (where applicable)		Date	e (Day/Month/Year)
Diver Accident Insurance? ☐ NO	☐ YES Policy Num	nber	