



SECONN Pool Session Voluntary Liability Release and Assumption of Risk

Please read carefully, fill in all blanks as appropriate, and initial each paragraph, and sign as indicated.

I, _____, (PARTICIPANT NAME - PLEASE PRINT) HEREBY DECLARE THAT I AM A **CERTIFIED SCUBA DIVER**, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN AND SCUBA DIVING AND HAVE NOTIFIED THE MEMBERS OF MY FAMILY ABOUT THESE RISKS.

(CERTIFICATION AGENCY)

(CERTIFICATION LEVEL)

(CERTIFICATION NUMBER)

Or if not a certified scuba diver:

I, _____, (PARTICIPANT NAME - PLEASE PRINT) AM BEING TRAINED, SUPERVISED, AND DIRECTED BY A CERTIFIED SCUBA INSTRUCTOR WHILE ENGAGED IN THIS ACTIVITY.

(INSTRUCTOR NAME)

(CERTIFICATION AGENCY)

(CERTIFICATION NUMBER)

_____ I understand and agree that neither SECONN Dive Club; nor the members of SECONN Dive Club, nor the officers of SECONN Dive Club; nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in any of the club sponsored activities, or as a result of product liability or the negligence of any party, including the Released Parties, whether passive 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 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(s).

_____ 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 contraindicatory to diving. If I am taking any medication, I declare that I have seen a physician and have approval to dive while under the influence of 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 own equipment, whether owned, rented or borrowed, prior to any activity. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

_____ In consideration of being allowed to participate in the SECONN Pool Session, I hereby personally assume all risks in connection with any club sponsored event, whether it is dive related, or not, 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 save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, 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 declare 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 that the terms herein are contractual and not a mere recital, that this instrument is a legally binding document, and that I have signed this document of my own free act.

(continued on next page)



SECONN Pool Session Voluntary Liability Release and Assumption of Risk (continued)

I, _____, BY THIS INSTRUMENT DO HEREBY EXEMPT AND RELEASE
(PARTICIPANT NAME - PLEASE PRINT)
SECONN DIVE CLUB AND ALL RELATED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR
RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONG-
FUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO PRODUCT LIABILITY
OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I
HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND
ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

Date (MM/DD/YYYY)

Signature of Parent or Guardian (where applicable)

Date (MM/DD/YYYY)

Street Address

Phone Number

City, State, Zip Code

Email Address

INSTRUCTOR: I AFFIRM THAT THIS INDIVIDUAL IS UNDER MY CARE, SUPERVISION, AND HAS MET ALL REQUIREMENTS, INCLUDING MEDICAL EVALUATIONS, TO PARTICIPATE IN SKIN AND SCUBA DIVING ACTIVITIES IN ACCORDANCE WITH THE STANDARDS AND POLICIES SET FORTH BY MY CERTIFICATION AGENCY. FURTHERMORE, I AFFIRM THAT I AM IN AN ACTIVE INSTRUCTOR STATUS AND CARRY LIABILITY INSURANCE AS REQUIRED BY MY CERTIFICATION AGENCY FOR THIS ACTIVITY.

(INSTRUCTOR NAME)

(INSTRUCTOR NAME - PLEASE PRINT)

(DATE)