

# SECONN Frozen Fin Dive Voluntary Liability Release and Assumption of Risk



*Please read carefully, fill in all blanks, and initial each paragraph before signing.*

I, \_\_\_\_\_, (participant name) HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVE PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN AND SCUBA DIVING.

\_\_\_\_\_ 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 DIVE CLUB Treasure Hunt, 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.

I, \_\_\_\_\_, (participant name) BY THIS INSTRUMENT DO HEREBY EXEMPT AND RELEASE SECONN DIVE CLUB AND ALL RELATED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL 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 (month/day/year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (month/day/year)

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Email: \_\_\_\_\_