



## CERTIFIED DIVER EXPERIENCE PROGRAMS LIABILITY RELEASE AND ASSUMPTION OF RISK

**Please read carefully and fill in all blanks before signing.**

I, Participant's Name 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.

I understand and agree that neither the dive professional, Instructor's Name, the facility through which this experience is offered, **Adventure Sports Unlimited, Inc.**, nor International PADI, Inc., nor its affiliate or subsidiary corporations, 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 this experience or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open-water dive(s) 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 experience dive(s) 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 contraindicated 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 experience 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 and will notify the Released Parties if any of my equipment is not working properly. 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 experience dive(s), I hereby personally assume all risks in connection with said 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 save and hold harmless said experience and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this experience, including both claims arising during the experience or after I complete the experience.

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, and that I have signed this document of my own free act.

IT IS THE INTENTION OF Participant's Name BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE DIVE PROFESSIONAL, Instructor's Name, THE FACILITY THROUGH WHICH THIS EXPERIENCE IS OFFERED, **ADVENTURE SPORTS UNLIMITED, INC.**, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO 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.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date (Day/Month/Year)*

\_\_\_\_\_  
*Signature of Parent/Guardian (where applicable)*

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*Date (Day/Month/Year)*