



Liability Release and Express Assumption of Risk for Discover Tec Diving

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

I, _____, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE
(Participant)
DIVING PRACTICES AND AM AWARE OF THE INHERENT HAZARDS OF SCUBA DIVING.

_____ I further declare that I have been advised and thoroughly informed of the hazards of participating in technical and recreational scuba diving activities, and in consideration of being allowed to participate in this activity, I hereby assume all risks in connection with said activity, for any harm, injury or damage that I may suffer while I am participating in this activity, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further declare that I am thoroughly informed, and completely understand the inherent hazards of simulated Technical Scuba Diving activities, including the risk of serious injury or death. Further, I understand that diving with compressed air or oxygen-enriched air (nitrox) involves certain inherent risks that include but are not limited to: decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries, fire and/or explosion hazards, and barotraumas or hyperbaric injuries that can occur and require treatment in a recompression chamber. I further understand that Technical Scuba Diving activities 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 participate in such simulated Technical Diving activities, despite the possible absence of a recompression chamber in proximity to the dive site.

_____ I further declare that I understand simulated Technical Diving involves risk that exceeds those encountered in recreational scuba diving. These risks may include but are not limited to: the burden of additional or redundant equipment, including additional tanks; the necessity for computing both nitrogen and oxygen loading to plan dives; and the need for specialized training, equipment, and planning for different types of Technical Diving. I understand that simulated Technical Diving may involve a greater risk of serious injury or death than recreational scuba diving, and I voluntarily assume the risks of this activity.

_____ I understand that I AM SOLELY RESPONSIBLE FOR ENSURING MY OWN SAFETY DURING PARTICIPATION IN THIS ACTIVITY and agree that neither: the facility(ies), organization(s) nor supervisory personnel offering this activity, _____, nor their employees; nor the organizers or promoters of this event; nor Diving Science and Technology Corp. (DSAT), nor PADI Americas, Inc. (PADI), nor any of 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, estate, heirs, or assigns, that may occur as a result of my participation in this activity, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ 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 any medication, I declare that I have seen a physician and have approval to dive under the conditions of this activity while under the influence of the medication/drugs.

_____ I understand that all types of scuba diving, including simulated Technical Diving, are physically strenuous activities and that I will be exerting myself during this activity; and 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 every use during this activity, ensuring that I have all necessary equipment, and that it is functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

_____ I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, 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 Release 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 DO EXEMPT _____
 Participant Name Dive Operation/ Instructor

AND RELEASE THE FACILITY(IES), ORGANIZATION(S), SUPERVISORY PERSONNEL AND DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, AND THEIR EMPLOYEES, THE ORGANIZERS AND PROMOTERS OF THIS EVENT, DIVING SCIENCE AND TECHNOLOGY, CORP, PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED 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 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 AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

 (Date) (Signature of Participant)

 (Date) (Signature of Parent or Guardian if applicable)

 (Date) (Witness)