

HSA INTERNATIONAL

COURSE REGISTRATION FORM

[] OPEN WATER [] ADVANCED [] DIVE BUDDY [] INSTRUCTOR [] OTHER _____

STUDENT'S NAME _____ BIRTH DATE ____ / ____ / ____
FIRST MIDDLE LAST MONTH DAY YEAR

ADDRESS _____

CITY/STATE/PROVINCE _____ POSTAL CODE _____

COUNTRY _____ TELEPHONE _____ EMAIL _____

HEIGHT _____ WEIGHT _____ DISABILITY TYPE _____

HSA INSTRUCTOR NAME _____ HSA INSTRUCTOR # _____

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

PLEASE READ CAREFULLY, ASK QUESTIONS IF NECESSARY, AND FILL IN ALL THE BLANKS BEFORE SIGNING.

I, _____, hereby affirm and acknowledge that I have been advised and thoroughly informed of the inherent hazards and risks of Snorkeling, Skin diving and Scuba Diving (hereinafter referred to as 'diving activities'). I fully understand that these risks can lead to severe injury and even death.

I understand that diving with compressed air involves risks of decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that diving operations and open water diving trips, necessary for training and certification, may be conducted at sites that are remote by time and distance from a recompression chamber. Additionally, I understand that there are also risks involved with dive travel, including, but not limited to, dive boat accidents, and traveling to and from the dive sites. Nevertheless, I choose to proceed with such diving activities and I freely accept and expressly assume all risks, dangers and hazards that may arise from such diving activities which could result in injury, loss of life and property damage to me.

I understand and agree that my instructor (s) _____, the facility _____, others _____, nor the Handicapped Scuba Association, nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents or assigns, and volunteers, (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving course, snorkeling, skin diving and scuba diving activities, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this course, and to participate in snorkeling, skin diving and scuba diving activities, as well as the use of any facilities and the use of equipment, I hereby personally assume all risks in connection with said course and activities, for any harm, injury or damage that may befall me while I am enrolled as a student, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation of this course including claims arising during or after the I receive my certification.

I also understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this course, and that if I am injured as a result of, but not limited to, a heart attack, panic, or hyperventilation, that I expressly assume the risk of said injuries and that I will not hold the above stated listed individuals or companies responsible for the same.

I hereby declare that I am of legal age and competent to sign this agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I have read and understand this agreement, and agree to be bound by it.

Signature of Participant _____ Date ____ / ____ / ____

Witness Name _____ Signature _____

Name of Parent or Guardian _____ Signature _____