

HSA INTERNATIONAL

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

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

HSA COURSE DIRECTOR'S NAME _____ HSA MEMBER # _____

PLEASE READ CAREFULLY, ASK QUESTIONS IF NECESSARY, AND FILL IN ALL THE BLANKS BEFORE SIGNING.
CAUTION: READ & SIGN 'INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES' BEFORE SIGNING THIS FORM.

I, _____, hereby affirm and acknowledge that I am aware 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 these diving activities 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 neither the professional staff of _____, nor the facility _____, nor 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 these 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 participate in these 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 diving activities, for any harm, injury or damage that may befall me while I am participating, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said diving activities and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in these diving activities including claims arising during or after the diving activities.

I also understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during the diving activities, 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 Released Parties 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 guardian shall sign on my behalf, and that my parent or guardian is in complete understanding and concurrence with this agreement.

I hereby state and agree that this agreement will be effective for all diving activities in which I participate until revoked in writing by the Released Parties.

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

Signature of Participant _____ Date _____ / _____ / _____