



FULL LIABILITY RELEASE & ASSUMPTION OF RISK AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, declare that I am a certified scuba diver, trained in safe scuba diving practices, and only dive within the limits of my level of training and ability. I declare that I am in good physical and mental condition, and any medications that I may be taking have been certified by a physician as being safe for scuba diving. I also state that any equipment that I own has been properly and regularly serviced by a certified professional and properly maintained by myself.

I acknowledge that scuba diving has inherent risks, which may result in serious injury or death, and hereby absolve and release the Sea Wolves Dive Club, its members and executive, any supervising divers, Torpedo Rays Scuba Adventures, its servants and agents (all of whom aforesaid are herein referred to as the “Released Parties”) of any liability or responsibility in any way, of every nature and kind whatsoever, in case of injury, death or other damages to myself, my family, my estate, my heirs, my beneficiaries, my executors, my administrators or my assigns.

I assume responsibility for myself, and absolve and release the Sea Wolves Dive Club, its members and executive, any supervising divers, Torpedo Rays Scuba Adventures, its servants and agents, of any liability or responsibility in any way, of every nature and kind whatsoever, relating to my participation in club activities directly or not directly related to diving.

I understand and agree that I am giving up my right to sue or take or commence any legal action or proceeding whatsoever against the Released Parties and also any rights that my family, my estate, my heirs, my beneficiaries, my executors, my administrators and my assigns may have to sue or take or commence any legal action or proceeding whatsoever against the Released Parties resulting from my death or injuries to me. I further represent I have the authority to do so and that my family, my estate, my heirs, my beneficiaries, my executors, my administrators and my assigns will be estopped from claiming otherwise because of my representations to the Released Parties.

By signing below, I state that I have read and understand the contents of the Sea Wolves Full Liability Release and Assumption of Risk Agreement and am signing the same freely, voluntarily and willingly without any pressure, undue influence or coercion of any nature or kind whatsoever.

Participant

Date (day/month/year)

Signature of Parent or Guardian

Date (day/month/year)