

Channel Islands Scuba Dive Team



Release of Liability and Assumption of Risk

I, _____, understand and am aware that the sport of SCUBA diving can be hazardous. I understand the sport, and participation in it with Channel Islands Scuba Dive Team (hereafter referred to as TEAM), may involve risk of injury to any and all parts of my body. Despite this risk, I hereby agree to freely and expressly assume and accept any and all liability of injury or death while participating in this sport with the TEAM, regardless of cause, including active and/or passive negligence on the part of myself or others.

initials

I understand that SCUBA diving is a sport, and that I must be in good physical and mental health to participate in the TEAM's activities. The TEAM's activities may also include exposure to the elements such as, but not limited to, rain, snow, hail, smog, wind, and heat. I hereby certify that my participation in the TEAM's activities is voluntary, and that my physical and mental condition are within safe norms for participation in the TEAM's activities.

initials

I agree and understand that, should medical or other emergency services be rendered to me by, or at the insistence of, any of the TEAM's representatives or officers, such services to not constitute an admission of liability on the part of the provider of the TEAM, nor an agreement to provide or continue to provide such services.

initials

In consideration, and acceptance, of my application for membership to the TEAM, I hereby agree to release, hold harmless, defend, and indemnify from any and all liability, and further agree to not sue, nor make a claim, against the TEAM, its officers, directors, employees, members, or sponsors, for any damages or injuries to me or my property, even if the injury or damages arise from the alleged negligence of any individual or entity of the TEAM.

initials

In consideration for acceptance to the TEAM, I hereby agree to accept all the terms and conditions of this contract. I further indicate that I have carefully read, and have accepted, all of the terms and conditions of this contract. I understand that this is a release of liability and assumption of risk agreement. I understand that this is a binding contract, and accept and sign it of my own free will. I further understand that this contract limits my legal rights, and is binding upon myself, my spouse/partner, my heirs, and my legal guardians or representatives.

initials

A Note on Safety and Liability

Diving, boating, and related activities present inherent, substantial risks to participants, including risk of severe injury and death. TEAM events may take place at a substantial distance from facilities providing medical treatment or rescue services. Every TEAM member is expected to take full responsibility for their physical and mental health, insurance coverage, and compliance with standard safety rules and every personal decision relating to said activities in which they engage. Only you can decide when and where you dive.

Channel Islands Scuba Dive Team



This is a Release of Liability

Do not sign it if you do not understand or do not agree with its terms.

Member's or Agent's Signature

Date

Signature of Parent or Guardian if Member is a Minor

Date

Address

City

State

Zip