



**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES**

I \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life., Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities ( hereafter referred to as Releasees):

National Association of Underwater Instructors (NAUI):

(Instructor/s) Scott Cook, Mark Karl, Matthew Preye, Paul Harper

(Facility/ies) 526 College hwy, Southwick MA 01077 Westfield Water Sports & Wilderness Experience

(Others) \_\_\_\_\_

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.

3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.

4. If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document. I hereby declare that I am of legal age and am 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 THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.**

Printed Name of Participant \_\_\_\_\_ Signature Of Participant \_\_\_\_\_

Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have.

\_\_\_\_\_  
Date \_\_\_\_\_

(Parent Signature if participant is a minor)

**Please Fill Out Brief Medical History**

**Place a "Y" (Yes) for all that apply or a "N" (No) for all that don't Apply**

Behavioral health problems

Claustrophobia

Agoraphobia

Migraine headaches

Epilepsy

Ear or hearing problems

Trouble equalizing pressure

Sinus trouble

Severe hayfever

Heart trouble

High blood pressure

Angina

Heart surgery

Asthma

Bronchitis

Tuberculosis

Respiratory problems

Back Problems

Back/spinal surgery

Diabetes

Ulcers

Colostomy

Hemia

Dizziness or Fainting

Recent surgery

Hospitalized

Pregnant

Motion Sickness

Contact lenses

Dental plates

Physical disability

Serious injury

Over 40 years old

Hepatitis

HIV positive

Regular medication

Drug allergies

Alcohol or drug abuse

Rejected from any

activity for medical reasons

Any medical condition not

listed:

Notes:

