

**SARASOTA SCUBA CLUB
LIABILITY WAIVER**

Please read carefully and fill in all blanks before signing.

I _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of skin diving and scuba diving.

I understand this Waiver hereby encompasses and applies to all activities sponsored by the Sarasota Scuba Club in which I choose to participate. Activities may include, but are not limited to all diving activities, snorkeling, beach parties, meetings, rafting, canoeing, boating, swimming, and other inherently dangerous recreational activities.

I understand and agree that this Waiver applies to the Sarasota Scuba Club Inc., all officers, directors, trip managers and any other member associated with any Club activity.

Further, I understand that scuba diving involves certain risks including decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that diving trips may be conducted at sites that are remote in time, distance or both, from such a recompression chamber or other medical facility. Despite the possible lack of a recompression chamber or other medical facility near the dive site, I still choose to proceed with such dives.

I understand and agree that the Sarasota Scuba Club Inc., all officers, directors, trip managers and any other member associated with any Club activity, may not be held liable or responsible in any way for any injury, death, or other damages to me, my family, heirs or assigns that may occur as a result of my participation in any Club-sponsored activities or as a result of any matter or condition under my control.

As a condition of being allowed to join the Sarasota Scuba Club, I hereby personally assume all risks in connection with any Club activities, for any harm, injury or damage that may befall me, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that skin diving, scuba diving and other Club activities may cause physical strain or exertion, and I assume all risk for, and will not hold the released parties responsible for any injuries, including injuries due to heart attack, panic, hyperventilation or other injuries caused by physical strain and exertion.

Signature

Date

Signature of Parent or Guardian

Date

Certification Agency & Number _____ DAN Number _____

In case of emergency, please notify:

Name

Address

Phone Number