

LAKE DENTON CAMP
A ministry of Lake Denton Management, Inc.
LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism, or other hyperbaric/air expansion injury that may require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that the facility through which I receive my instruction, Lake Denton Management, Inc., Lake Denton Camp, Orange Blossom Baptist Association and its employees or associated officers (herein after referred to as "Released Parties") may not be held responsible in any way for any injury, death or other damages to me, my family, estate, heirs, property or assigns that may occur as a result of my participation in this diving program or as a result of negligence of any party, including the released parties, whether passive or active.

In consideration of being allowed to participate in this course (the optional Adventure Dive), hereinafter referred to as "Program". I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and released parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physical strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the released parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not mere recital and that I have signed this agreement of my own free act and with the knowledge hereby agree to waive my legal rights. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the released parties but also any rights my heirs, assigns, or beneficiaries may have to sue the released parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the released parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant signature

Date(s) signed for (Month/day/year)

Signature of Parent or Guardian

Date(s) signed (Month/day/year)

Instructor's Name

Padi or NAUI number

Dive Shop Name