



# SCUBA EXPERIENCE LIABILITY RELEASE FORM

I, \_\_\_\_\_, fully understand that there are inherent hazards when scuba diving.  
(Please Print Full Name)

I understand and agree that neither my instructor(s), and **Awesome Adventures Ltd.**, be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party whether passive or active. \_\_\_\_\_ **Initial**

In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen. \_\_\_\_\_ **Initial**

I further save and hold harmless said course 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 course including both claims arising during the course or after I receive my certification. \_\_\_\_\_ **Initial**

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this diving course, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same. \_\_\_\_\_ **Initial**

I will be required to follow the safety guidelines provided and if this requirement is not met or is disregarded, he/she will be asked to remove their equipment and thus be excluded from further Scuba diving activities.  
In addition, I understand that I will be responsible for the replacement of any equipment that is returned damaged. \_\_\_\_\_ **Initial**

I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

\_\_\_\_\_  
Participant's Signature \_\_\_\_\_ Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable) \_\_\_\_\_ Date (Day/Month/Year)

\_\_\_\_\_  
Emergency Contact Relationship Phone Number

Interested in upcoming classes?

Email Address: \_\_\_\_\_



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Lethbridge's Destination Outdoor Retailer is Online  
Check it out!

