

Release and Waiver

I, _____, the undersigned, for and in consideration of the granting of permission by Cambrian Foundation, Inc., for said undersigned to participate in and to engage in any activities, including, but not limited to, activities related to SCUBA Diving, under the auspices of the Cambrian Foundation, Inc., hereby hold(s) harmless and releases(s) and forever discharge(s) The Cambrian Foundation, Inc., the Board of Directors, the Diving Safety Control Board, the Diving Officer, their designee(s), and all of the Administrators' agents, officers, assistants, and employees, either in their individual capacities or by reason of their relationship to Cambrian Foundation, Inc., whether compensated or acting as a volunteer, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and the heirs, representatives, executors and administrators thereof, or any other persons acting on the behalf, or on the behalf of their respective agents, have or may have against Cambrian Foundation, Inc., or any or all of the above mentioned persons or their successors, by reason of any accident, illness, or death, or other consequences arising or resulting directly or indirectly from participating in diving or any other activity or activities in which I engage, at any function of the Cambrian Foundation, Inc., including swimming, hiking, rappelling, carrying equipment (whether diving equipment or otherwise), etc., without limitation, under the auspices of Cambrian Foundation, Inc., and occurring during said participation, or at any time subsequent thereto, including the negligence of the Cambrian Foundation, Inc., or any of the above-described individuals, excepting only such injuries caused solely by gross negligence or willful misconduct.

I understand that SCUBA diving, and activities related thereto, may expose me to certain risks of injury or death and I freely and voluntarily assume any and all risks of injury, including death, which might result from my participation in this activity. I understand that the dangers and risks of participating in diving and/or the activities associated with the diving program include, but are not limited to, death, drowning, near drowning, decompression sickness, arterial gas embolism, pneumothorax, barotrauma, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being.

I the undersigned hereby affirm that I have the prudence, judgment, emotional stability, physical fitness, physical ability and/or skill level to participate safely in diving activities. I agree to follow the rules and regulations applicable to the activity I am participating in. I agree to follow all applicable directions of the individual in charge of the activity I am participating in.

I understand that I am required to obtain personal medical insurance, either a general policy, which covers diving accidents, or a general policy and a policy designed specifically for diving related injuries, prior to my participation in any activity associated with diving. I understand that I must provide proof of this (these) policy(s) to the Diving Safety Officer prior to my participation in any activities associated with diving and that I must maintain this (these) policy(s) throughout my participation in any activities associated with diving under Cambrian Foundation, Inc., auspices. I understand that the purchase of personal medical insurance is my responsibility, and that the cost for any medical treatment I might require as a result of or arising out of my participation in any aspect of any program associated with Cambrian Foundation is my responsibility.

I the undersigned hereby agree to comply with the regulations of the Cambrian Foundation Diving Manual and those of governmental subdivisions not in conflict with this manual.

Dated this ____ day of _____, 20____.

Witness _____

Participant _____

Witness _____

Signature of Diving Safety Officer _____

Date Received _____