

# SPECIAL EVENT VOLUNTARY LIABILITY RELEASE AND ASSUMPTION OF RISK

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## 2009 Underwater Olympics

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA  
(Participant Name)  
DIVER, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN  
AND SCUBA DIVING.

I understand and agree that neither \_\_\_\_\_ Maui Dreams Dive Co. \_\_\_\_\_; nor the organizers or  
(Dive Center/Resort)  
promoters of this event; nor International PADI, Inc., nor its affiliate or subsidiary corporations, nor any of their  
respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties"), may 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 activity, or as a result of product liability or the negligence of any party,  
including the Released Parties, whether passive or active.

I understand that diving with compressed air involves certain inherent risks, including but not limited to, air  
expansion injuries, decompression sickness, embolism and drowning. Hyperbaric injuries can occur that require  
treatment in a recompression chamber. I further understand that this activity 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  
activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol,  
nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I declare  
that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during  
this activity and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of  
said injuries and that I will not hold the Released Parties responsible for the same.

I will inspect all of my equipment prior to the activity. I will not hold the Released Parties responsible for my failure  
to inspect my equipment prior to diving.

In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection  
with the dive(s) for any harm, injury or damage that may befall me while I am a participant, including all risks  
connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury,  
property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of my participation in  
this activity, including both claims arising during the activity or after I complete the activity.

I further declare 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 that the terms herein are contractual and not a mere recital, that this instrument is a legally binding  
document, and that I have signed this document of my own free act.

I, \_\_\_\_\_, BY THIS INSTRUMENT DO HEREBY EXEMPT  
Participant's Name

AND RELEASE MAUI DREAMS DIVE CO., AND THE ORGANIZERS AND PROMOTERS OF THIS EVENT, AND INTERNATIONAL PADI, INC., 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 PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Certifying agency and certification number

\_\_\_\_\_  
e-mail address

C Please add my e-mail address to the MDDC newsletter mailing list!