



SSI PROFESSIONAL TRAINING ASSUMPTION OF RISK AND LIABILITY RELEASE

THIS IS A LEGAL CONTRACT, READ CAREFULLY BEFORE SIGNING.

ATTENTION: Signing a Waiver of Release is contradictory to liability regulations in some countries of the world. Liability Releases are not applicable in every country. Please ask the SSI Service Center in your territory, if this form needs to be signed.

Warning: Scuba activities especially diving instruction can be dangerous. You can be seriously injured or die!

In consideration of permitting me to participate in professional dive training I agree to the following:

I am a certified diver and I have met all of the certification and experience requirements to participate in professional dive training.

By signing this document I understand and agree that scuba activities, especially the instruction of diving, can be dangerous.

I voluntarily assume all risks associated with swimming, snorkeling, boating and scuba activities, including, but not limited to, pre-existing health issues leading to injury, drowning, panic, pressure related injuries, decompression sickness, over-expansion injuries, gas toxicities, injury from marine life, injury from boats, environmental factors which lead to injury, equipment problems leading to injury, buoyancy problems, fire and/or explosive hazards, improper dive planning, improper action of divers or support personnel (including failure to rescue, recover, resuscitate, or provide medical assistance), poor judgment, along with other unforeseen risks.

I understand the fact that these risks may cause me serious personal injury or death and I accept these risks, whether the risk is specifically stated or not, and I voluntarily choose to participate despite the risks.

I agree to be responsible for my own safety and wellbeing during all professional dive activities and instruction.

I agree that it is my responsibility to be physically, medically and mentally fit to participate in all scuba activities.

I agree to be responsible for my equipment configuration, assembly and pre-dive check to make sure it is functioning properly before each dive.

I will be responsible for my diving activities, including but not limited to, monitoring my gas consumption, planning my dive, including minimum safe gas amounts, decompression procedures and any contingency plan which may become necessary.

I will not hold anyone responsible for my failure to inspect the equipment I use, the gases I use or to plan my dive.

I understand that this training does not guarantee my safety and does not guarantee certification.

I will not dive in conditions or at times that are beyond my abilities or comfort level and if conditions change while on a dive, become dangerous or are unplanned or cause me to feel uncomfortable, I will abort the dive immediately.

Should I become ill or injured or uncomfortable in any way I will immediately advise my instructor trainer and I will take action to address my condition.

I understand that scuba activities will be conducted in remote sites, in time and distance, from medical care including a recompression chamber; I accept these risks and still choose to participate.

I agree that I should have personal dive accident insurance and represent that I either have it or choose to participate without it.

I agree that it is my responsibility to advise my family, heirs, assigns and beneficiaries that scuba activities are dangerous and I could be seriously injured or die while participating in scuba and I have advised them of these risks.

I hereby agree that I, or my estate, shall be fully liable for any claim brought on my behalf by me, my family, estate, heirs, or others arising from my injury or death while participating in diving activities.

I AGREE TO RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE my instructor trainer, instructional staff, dive center, dive boat, training facilities, training site, transporters, Scuba Schools International (SSI), and their owners, officers, directors, contractors, staff, agents, employees or volunteers (hereafter "Released Parties") from all liability to myself, my family, heirs, assigns and beneficiaries, for any risks that may arise, due to NEGLIGENCE, WHETHER FORESEEN OR UNFORESEEN, WHETHER CAUSED BY AN ACT AND/OR A RESULT OF AN IMPROPER ACT AND/OR AS RESULT OF NO ACTION, INCLUDING NEGLIGENCE OF MY OWN, ANY RELEASED PARTY OR OTHERS.

I agree to release, waive, discharge, not sue, indemnify, save, and hold harmless the Released Parties, whether specifically named or not, for any and all claims, demands, damages, actions, cause of action and lawsuits of any nature by me, my estate, family, heirs, assigns or beneficiaries, for claims arising during the training program and after receiving my certification.

I have read this Assumption of Risks and Liability Release document.

I fully understand its terms and understand that I give up substantial rights by signing it, I am aware it is a contract and not a mere recital, I am aware of its legal consequences, and I am signing it of my own free will, voluntarily without inducement or duress, and I understand it is an unconditional complete release of all liability to the greatest extent provided by law.

If any portion of this document is found to be unenforceable or invalid, the remainder of the document shall have full force and effect, furthermore, I agree to this document without modification of the printed text and without further assurances or warranties which would modify my understanding of the document.

I have advised my family that I have given up their rights to sue and that I or my estate will be liable for any damages they may pursue against the Released Parties.

Candidate Name

Candidate Signature

Date (DD/MM/YY)