

**SAN DIEGO OCEANS FOUNDATION – DIVE WAIVER  
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK**

I, (print name) \_\_\_\_\_ understand:

Diving with compressed air involves certain inherent risks. These risks can lead to severe injury and even loss of life. Decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. The diving connected with the San Diego Oceans Foundation may be conducted at a site that is remote, either by time or distance (or both), from such recompression chamber. There are risks associated with dive travel, including, but not limited to, injury or loss of life as result of a dive boat accident, as well as travel to and from dive sites.

**(Initials)** \_\_\_\_\_ I am a certified SCUBA diver. I have fully informed myself of the nature of the diving-related activities connected with the San Diego Oceans Foundation and am satisfied that I am competent to engage in those activities. If I dive with any breathing gas other than air, I am certified in the safe use of such gas for diving. I understand and agree that neither the San Diego Oceans Foundation, nor any of their respective employees, officers, directors, agents or assigns, (hereinafter referred to as “**Released Parties**”) may be held liable or responsible in any way for an injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in diving-related activities connected with the San Diego Oceans Foundation or as a result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of being allowed to engage in diving-related activities connected with the San Diego Oceans Foundation, I hereby personally assume all risks for any harm, injury or damage that may befall me while I am engaged therein, whether foreseen or unforeseen. I still choose to proceed with diving-related activities in spite of the possible absence of a recompression chamber in proximity to the dive site. I further save and hold harmless **Released Parties** from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of diving-related activities connected with San Diego Oceans Foundation. I understand that SCUBA diving is a physically strenuous activity and that I will be exerting myself during diving-related activities. If I am injured as a result of a heart attack, panic, hyperventilation, etc., I expressly assume the risk of said injuries and will not hold the **Released Parties** responsible for the same. I am of lawful age and legally competent to sign this liability release. I am not relying on any oral or written representation or statements made by the **Released Parties**, other than what is set forth in this liability release. I further agree that this liability release shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. I understand that the terms herein are contractual and not a mere recital. I have signed this liability release of my own free act. I affirm that this liability release is binding for all claims, including but not limited to, those claims in tort and contract.

IT IS THE INTENTION OF (print name) \_\_\_\_\_ TO EXEMPT AND RELEASE THE SAN DIEGO OCEANS FOUNDATION 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 READ THIS LIABILITY RELEASE, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

|                                      |               |                  |                   |                               |
|--------------------------------------|---------------|------------------|-------------------|-------------------------------|
| _____<br>Participant's Name          |               | _____<br>Address |                   |                               |
| _____<br>Birth Date (Month/Day/Year) | _____<br>City | _____<br>State   | _____<br>Zip Code | _____<br>Phone (xxx) xxx-xxxx |
| _____<br>Participant's Signature     |               | _____<br>Date    | _____<br>Email    |                               |

**SCUBA Certification Information (to be completed by SDOF staff ONLY)**

Agency: \_\_\_\_\_ Level of Certification: \_\_\_\_\_ Diver No: \_\_\_\_\_