



5203 S. Rangeline Rd.
Joplin, MO 64804
417-659-9009

LIABILITY SCUBA WAIVER & RELEASE

I, _____ Certification card number _____
Hereby affirm that I have been well advised and thoroughly informed of the inherent hazards of skin and scuba diving.

Further, I understand that diving with compressed air involves certain risks, and injuries can occur that require treatments in a recompression chamber. I hereby personally assume all risk in connection with this event for any harm, injury, or damage that may befall me as a result of my participation, whether foreseen or unforeseen, and I still wish to proceed in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither Extreme Sports, Inc. located in the city of Joplin and the state of Missouri may be held liable in any way for any occurrence with this diving event that may result in injury death, or other damages to me or my family, heirs, or assigns, and in consideration of being allowed to enroll in this event, I hereby personally assume all risk in connection with said event, for any harm, injury or damage that may befall me while I am enrolled in this event, including all risks connected therewith, whether foreseen or unforeseen: and further to save and hold harmless said program and persons from any claim by me, or my family, estate, heirs or assigns, arising out of my enrollment and participation in this event.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms therein are contractual and not a mere recital; and that I have signed this document of my own free act.

It is the intention of (PRINT NAME) _____ by this instrument to exempt and release Extreme Sports, Inc. from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Participants Signature _____ age _____

Parent or Guardian _____

Date _____