



National Association of Underwater Instructors
 P.O. Box 14650
 Montclair, CA 91763-1150

WAIVER AND RELEASE AGREEMENT

Read carefully before signing.

For and in consideration of permitting me (print name), ① _____,

to participate in skin and scuba diving activities and/or instruction provided by (enter names of the organization, facility, staff, instructor(s) and divemaster(s) involved in the activity and/or training) ② NAUI, PADI,

Deep-Six Underwater Systems, Inc.

George D. Campbell, III

such activities and/or training in the city of New Paltz,

county of Ulster, in the state of New York,

with scheduled activities to begin on (enter date) ③ _____, I state and

agree as follows:

I hereby voluntarily release, discharge, waive and relinquish any and all claims or causes of action for personal injury, property damage or wrongful death occurring to me and arising as a result of engaging in skin and scuba diving activities and/or instruction and any activities incidental thereto, wherever and however such injuries may occur and for whatever period of time said activities or instructions may continue, and I do for myself, my heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any actions or causes of action which may hereafter arise for me or my estate, and I agree that under no circumstances will I or my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against any of those identified in ② above, as a result of the negligence or otherwise, of those parties in ② above.

I have been fully advised of the hazards and dangers incidental to engaging in the activity and/or instruction of skin and scuba diving and I hereby assume all such risks and dangers attendant to those activities, including negligence, if any, of those parties named in ② above.

BY SIGNING THIS AGREEMENT, I RELEASE NAUI, AND THE OTHER PARTIES IN ② ABOVE, FROM ANY CLAIM OR CAUSE OF ACTION I, OR MY ESTATE, MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH ARISING FROM SKIN AND SCUBA DIVING ACTIVITIES AND/OR INSTRUCTION, WHETHER CAUSED BY THE NEGLIGENCE OF SAID PARTIES OR OTHERWISE. I AGREE TO HOLD NAUI AND THE AFOREMENTIONED PARTIES HARMLESS FOR ANY INJURY OR DEATH WHICH MAY OCCUR TO ME DURING SKIN AND SCUBA DIVING ACTIVITIES AND/OR INSTRUCTION.

I hereby declare I am of legal age and am competent to sign this waiver and release agreement or that my parent or guardian will sign this document on my behalf if I am a minor.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Participant: _____ Date _____

Witness (Name): _____ Signature _____

Signature of Parent or Guardian (where student is a minor): _____