

**KWAJALEIN SCUBA CLUB**  
**PO Box 1344 APO AP 96555**

**KWAJALEIN SCUBA CLUB RELEASE OF LIABILITY**

I, \_\_\_\_\_, understand and agree that in consideration of my being allowed to join Kwajalein Scuba Club (KSC), a nonprofit voluntary social activity, that neither the KSC, nor any officer, employee, agent, assigns or member acting in an official capacity (hereafter referred to as "Released Parties") may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs or assigns that may occur as a result of my participation in the activities of the KSC or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I understand that diving with compressed air involves certain inherent risk: decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the activities of the KSC may subject me to the possibility of harm, injury, or damage and I voluntarily, knowingly, and personally assume all risk in connection with said membership in the KSC.

I further save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my association and membership in the KSC.

I understand that skin diving and scuba diving are physically strenuous activities and that I may be exerting myself during activities associated with the KSC, and that if I am injured as a result of such physical activity that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I authorize the Kwajalein Hospital to immediately inform USAKA Safety and KSC if I am required to spend any time in the recompression chamber due to a diving incident. Each will be provided my name, address, and work and home phone numbers. I also authorize the Kwajalein Hospital to release all medical information relating to the diving incident that required recompression chamber treatment to the USAKA Safety Office and the KSC. In addition I, or my designated agent, will turn over to the KSC or the Kwajalein Hospital medical personnel (to be held for KSC) all of my diving equipment, including any dive computer, used on the dive(s) and specify the tank number (if known) within 24 hours of the incident. I understand that all diving equipment will be returned to me within 7 days.

I further understand the US Government, its agencies, employees, agents and contractors are not associated with KSC and I hereby include them within the definition of Released Parties and release them from any liability or responsibility in any way for any injury, death or other damages. It is my understanding that this waiver does not affect any claims or rights under any private or other employer based medical insurance policy.

I further state that I am of lawful age and legally competent to sign this release, or that I have acquired a written consent of my parent or guardian.

I understand that terms herein are based upon the contractual relationship that I have entered into with the KSC and it is not mere recital.

**I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed it on behalf of myself and my heirs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Certifying Agency/No.** \_\_\_\_\_