

SSI STATEMENT OF UNDERSTANDING FOR SNORKELING AND SCUBA DIVING COURSES

You are about to embark on an exciting and rewarding adventure. Diving is an exciting and enjoyable lifetime sport that will challenge both your mind and body. There are risks, as you would expect from any demanding outdoor activity, but these risks are minimized through proper instruction.

The purpose of this Statement of Understanding is to provide you and your Instructor with a way to focus on the important responsibilities you each have for your successful training as a diver. When you have completed this training you will be ready to enjoy gaining more open water diving experience.

Learning to dive is similar to growing up. As you grew you shared the responsibility for your well-being and your quality of life with your parents. As time

passed you took more and more of the responsibility until you became wholly responsible for yourself as an adult. During your training as a diver you will share the responsibility with your Instructor. As the course progresses your Instructor will gradually shift the responsibility for your own safety and enjoyment to you.

As a part of the SSI course printed materials, there will be times and places for both you and your Instructor to sign off that you are comfortable with what has been accomplished and you are ready to continue the training.

To enter the very different underwater world requires special equipment. Therefore, diving is an equipment intensive sport.

With this in mind, you will want to use correct, complete, high quality equipment. Much of your instruction

will concern equipment and the related skills.

Based on extensive diving experience and training, your Instructor has developed a high degree of caring about and for student divers. This will be clearly brought out during the course and during the completing of both this statement and your medical history form. Please be as complete and honest as possible. If you are unsure concerning any aspects of the course, please ask.

The following responsibilities are carefully designed to help assure that you will have a safe and enjoyable experience learning to dive.

Instructor Responsibilities — As your Instructor, I agree to provide:

- An SSI course of instruction in diving activities.
- SSI course educational materials.
- The use of the SSI audiovisual teaching system.
- Complete information on all course costs.
- Proof of my current Instructor certification.
- Current liability insurance for diving instruction.
- Information on health and safety considerations, such as when not to dive and important skills needed to dive safely.
- Several open water training dives or assistance in arranging for open water training by referral.
- Certification upon satisfactory completion of the course.

Student Responsibilities — As a student, I agree to:

- Be in good physical and mental health for diving and to complete a medical history form. *You may be required to have a medical examination.*
- Prove that I know how to swim and am comfortable in the water. *You do not necessarily need to be a good swimmer.*
- Attend all classes or make up missed classes.
- Complete all class assignments.
- Pay course fees, rental fees, or other costs as listed by the Instructor.
- Take care of personal dive equipment and equipment assigned to me.
- Stay with my assigned partner, Instructor or group during water work.
- Give special and careful consideration to the needs and safety of my diving buddy.
- Perform skills as requested, but not attempt any skill I do not feel ready to safely perform. *Your Instructor will provide additional time or instruction, if needed.*
- Complete the required number of open water dives.
- Inform my Instructor if I am excessively cold or tired; under undue stress; injured; low on air; not feeling well; or have been sick during the preceding week. *The two of you will then decide what is in your best interests. You should not dive if you are having a difficulty with yourself (physical or mental), your equipment or the environment.*

Mutual Responsibilities — Together as Instructor and student, we agree to:

- Buy, rent or provide diving equipment as mutually agreed. *This varies depending on the situation, but it needs to be clearly understood before continuing with the course.*
- Not use any intoxicating liquor or dangerous drugs before diving.
- Communicate as completely and as clearly as possible.
- Be considerate of the rights, feelings and needs of each other and the others involved in the course.
- Each be ultimately responsible for our own personal actions.
- Work together and share the responsibility for the diving course, as preparation for later diving adventures.

Having read and discussed this Statement of Understanding, we agree to conduct ourselves as described above.

▲ Student's Name (PRINTED)

▲ Age

▲ Instructor's Name (PRINTED)

▲ Instructor N°

DD / MM / YY

DD / MM / YY

▲ Student's SIGNATURE

▲ Date

▲ Instructor's SIGNATURE

▲ Date

▲ Parent or Guardian signs here IF STUDENT IS A MINOR

▲ Dive Business Name and Contact Information

PRIVACY STATEMENT & CONSENT FORM

I understand and agree that for the purpose of diver training and for verification of my certification, SSI will retain the personal information I have provided to them during my training which includes, but is not limited to, my name, mailing address, email address, phone number, date of birth, photograph, and diver certification number.

This personal information will be stored in SSI's database, also referred to as ODIN. SSI will take reasonable steps to ensure that this data is protected, and I will be given a username and password as well as additional information by email which will allow me to access the SSI database and verify that my personal information contained therein is correct, current, and accurate.

I consent to SSI, an SSI authorized affiliate, or an SSI subsidiary, accessing this information for purposes of verifying my diver certification.

▲ SIGNATURE

▲ DATE (day/month/year)

▲ SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE

▲ DATE (day/month/year)

MEDICAL STATEMENT

PATIENT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by:

(Name of Instructor) _____
and (Dive Center) _____
located in the city of _____
and state of _____

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your

respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the Instructor before participation in this program. You will also need to learn from the Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Instructor before signing.

MEDICAL HISTORY

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician. Please answer the following questions on your past or present medical history with a **YES** or **No**. If you are not sure, answer **YES**. If any of these items apply to you, we request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- | | | |
|--|---|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> or allergy? | <input type="checkbox"/> past five years? |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following? | <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Back or spinal surgery? |
| <input type="checkbox"/> • currently smoke a pipe, cigars, or cigarettes | <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> Diabetes? |
| <input type="checkbox"/> • have a high cholesterol level | <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> • have a family history of heart attacks or strokes | <input type="checkbox"/> Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)? | <input type="checkbox"/> High blood pressure or take medication to control blood pressure? |
| <input type="checkbox"/> • are currently receiving medical care | <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> Heart disease? |
| <input type="checkbox"/> • high blood pressure | <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> • diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | <input type="checkbox"/> Sinus surgery? |
| | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| | <input type="checkbox"/> Any dive accidents or decompression sickness? | <input type="checkbox"/> Recurrent ear problems? |
| | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | <input type="checkbox"/> Bleeding or other blood disorders? |
| | <input type="checkbox"/> Head injury with loss of consciousness in the | <input type="checkbox"/> Hernia? |
| | | <input type="checkbox"/> Ulcers or ulcer surgery? |
| | | <input type="checkbox"/> A colostomy or ileostomy? |
| | | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

Have you ever had or do you currently have ...

- Asthma, or wheezing with breathing, or wheezing with exercise?
 Frequent or severe attacks of hayfever

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

▲ SIGNATURE

▲ DATE (day/month/year)

▲ Parent or Guardian signs here IF STUDENT IS A MINOR

▲ DATE (day/month/year)

ACADEMIC TRAINING RECORD

ACTIVITY		SCUBA DIVER REQUIREMENTS			OPEN WATER DIVER REQUIREMENTS			
		SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	OPTIONAL
Each of the six sessions consists of at least viewing a video, completing both a manual and study guide assignment and reviewing the corrected study guide with the Instructor. These activities are to be dated and initialed by the student and Instructor upon completion of each session. By dating and initialing, both the student and Instructor agree that these activities have been successfully completed.	Date							
	Student Initials							
	Instructor Initials							

POOL/CONFINED WATER TRAINING RECORD

ACTIVITY		SCUBA DIVER REQUIREMENTS			OPEN WATER DIVER REQUIREMENTS			
		SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	OPTIONAL
As indicated by the Student Initials and Instructor Initials, the student has successfully completed the SSI Snorkeling/Scuba Diving Skills required for the session and is comfortable and ready for the next pool/confined water session.	Date							
	Student Initials							
	Instructor Initials							

ACADEMIC & POOL ACKNOWLEDGEMENT OF COMPLETION

As indicated by their signatures below, both the student and the Instructor agree that the student has been informed on all subjects of the SSI Open Water Diver Course and has shown a satisfactory level of understanding of those subjects. The student also acknowledges that he or she has watched all videos and has read the manual. Both the student and the Instructor also agree that the student has been drilled in all snorkel and scuba skills and has shown a satisfactory level of competence in these skills. The student and Instructor also agree that the student is academically, mentally and physically prepared for open water training.

▲ Date ▲ Student's Signature ▲ Instructor's Signature ▲ Instructor N°

OPEN WATER TRAINING RECORD

ACTIVITY		SCUBA DIVER REQUIREMENTS			OPEN WATER DIVER REQUIREMENTS			
		SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	OPTIONAL
As indicated by the Student Initials and Instructor Initials, the student has successfully completed the SSI Snorkeling/Scuba Diving Skills required for the session and is comfortable and ready for the next open water session.	Date							
	Student Initials							
	Instructor Initials							

As indicated by their signatures below, both the student and the Instructor agree that the student has successfully completed the entry-level open water diver training requirements. Both also agree that the student is comfortable, prepared and ready for the next level of open water training.

▲ Date ▲ Student's Signature ▲ Instructor's Signature ▲ Instructor N°

SCUBA DIVER COURSE ACKNOWLEDGEMENT OF COMPLETION

As indicated by their signatures below, both the student and the Instructor agree that the student has successfully completed the entry-level scuba diver training requirements. Both also agree that the student is comfortable, prepared and ready for the next level of open water training.

▲ Date ▲ Student's Signature ▲ Instructor's Signature ▲ Instructor N°

OPEN WATER DIVER COURSE ACKNOWLEDGEMENT OF COMPLETION

PRE-DIVE SKILLS

Dive with minimal impact on environment
 Site Selection
 Summing up yourself and buddy
 Entries and Exits (both shore and boat)

OPEN WATER SKILLS

U/W Hand Signals
 Proper Weighting, Buoyancy Check
 Controlled Descent
 2nd Stage Clearing & Recovery (2 Ways)
 Mask Clearing (3 Ways)
 Sharing Air (Alternate Air Source)
 Neutral Buoyancy (Oral and Power)
 Monitor Air
 Underwater Navigation (Natural and Compass)
 Underwater Tour / Monitor Air
 Air Sharing Ascent (Alternate Air Source)
 Emergency Swimming Ascent
 Controlled Ascent including safety stop
 Tired diver assist
 Cramp Removal
 Remove and replace weight belt
 Remove and replace equipments
 Surface Procedures

POST-DIVE SKILLS

Rinse and maintain equipment
 Log dives and calculate no decompression dives
 Calculate air consumption

As indicated by their signatures below, both the student and the Instructor agree that the student has successfully completed the entry-level open water diver training requirements. Both also agree that the student is comfortable, prepared and ready for the next level of open water training.

DD / MM / YY

▲ Date

▲ Student's Signature

▲ Instructor's Signature

▲ Instructor N°

NEWSLETTER

Want to know about special offers and activities going on at your local SSI Dive Center? Sign up now for their newsletter!

YES, I would like my local SSI Dive Center to send information directly to my personal email address.

This newsletter service can be cancelled any time by clicking on the unsubscribe link at the end of each email. SSI – SCUBA SCHOOLS INTERNATIONAL or the Concept Systems International GmbH are explicitly not responsible for the content of the local SSI Dive Center newsletter.

NO, I do not want to receive any information or newsletter.

SCUBA SKILLS UPDATE COURSE

	ACADEMIC REVIEW	WATER SESSION	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER
1.					
2.					
3.					
4.					
5.					
6.					

Directions:

- Add an Update Sticker to the diver's certification card and DiveLog (Scuba Skills Update tab).
- Sign and date the diver's DiveLog (Scuba Skills Update tab).

ADVANCED ADVENTURER PROGRAM

ACADEMIC SESSION	POOL/ CONFINED (optional)	SPECIALTY DIVE #1 <small>▲ (SPECIALTY)</small>	SPECIALTY DIVE #2 <small>▲ (SPECIALTY)</small>	SPECIALTY DIVE #3 <small>▲ (SPECIALTY)</small>	SPECIALTY DIVE #4 <small>▲ (SPECIALTY)</small>	SPECIALTY DIVE #5 <small>▲ (SPECIALTY)</small>	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER

Directions: Write the name of the three chosen Specialty Dives in the space provided so they may count towards the associated Specialty Courses.

CONTINUING EDUCATION PROGRAMS

SPECIALTY DIVER PROGRAM	ACADEMIC	POOL/ CONFINED (optional)	OPEN WATER #1	OPEN WATER #2	OPEN WATER #3 (optional)	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER
SPECIALTY COURSES								
1.								
2.								

Date Level 2 (12 Dives) Completed: _____ Verified By: _____

ADVANCED OPEN WATER DIVER PROGRAM	ACADEMIC	POOL/ CONFINED (optional)	OPEN WATER #1	OPEN WATER #2	OPEN WATER #3 (optional)	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER
SPECIALTY COURSES								
3.								
4.								
(DIVER STRESS & RESCUE)	<i>If taken as one of the four specialties, use the Diver Stress & Rescue record-keeping area below.</i>							

Date Level 3 (24 Dives) Completed: _____ Verified By: _____

DIVER STRESS & RESCUE COURSE

ACADEMIC #1	ACADEMIC #2	POOL/ CONFINED #1	POOL/ CONFINED #2	OPEN WATER #1	OPEN WATER #2	CURRENT FIRST AID/CPR	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER

Directions: Use this record-keeping area for a stand-alone course or in conjunction with other Continuing Education Programs.

MASTER DIVER

Date Level 4 (50 Dives) Completed: _____ Verified By: _____

SPECIALTY COURSES

SPECIALTY COURSES	ACADEMIC	POOL/ CONFINED (optional)	OPEN WATER #1	OPEN WATER #2	OPEN WATER #3 (optional)	STUDENT INITIALS	INSTRUCTOR INITIALS	INSTRUCTOR NUMBER
1.								
2.								
3.								
4.								
5.								

▲ LAST: _____ ▲ FIRST: _____ ▲ MI: _____ ▲ CURRENT ADDRESS: STREET _____ ▲ CITY: _____ ▲ STATE: _____ ▲ ZIP CODE: _____ ▲ HOME PHONE: _____ ▲ WORK PHONE: _____

▲ DATE OF BIRTH: _____ ▲ M / F: _____ ▲ HEIGHT: _____ ▲ WEIGHT: _____ ▲ E-MAIL ADDRESS: _____ ▲ PERMANENT ADDRESS: STREET _____ ▲ CITY: _____ ▲ STATE: _____ ▲ ZIP CODE: _____ ▲ HOME PHONE: _____ ▲ WORK PHONE: _____

▲ BC #: _____ ▲ ADS #: _____ ▲ FIN SIZE: _____ ▲ EXPOSURE SUIT SIZE: _____ ▲ WEIGHT: _____ lbs

▲ PHOTO:

Open Water Diver N°: _____ Date: _____

Certifying Instructor: _____ N°: _____

Century Diver N°: _____ Date: _____

Issuing Instructor: _____ N°: _____

Gold⁵⁰⁰ Diver N°: _____ ▲ NAME: _____

Issuing Instructor: _____ N°: _____

Platinum¹⁰⁰⁰ Diver N°: _____ ▲ RELATIONSHIP: _____

Issuing Instructor: _____ N°: _____

▲ HOME PHONE: _____ ▲ WORK PHONE: _____

EMERGENCY CONTACT INFORMATION



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

THIS FORM IS TO BE USED FOR ALL ENTRY-LEVEL TRAINING

In consideration of permitting me, _____ to enroll in a snorkeling/scuba diving instructional course and/or participate in snorkeling/scuba diving activities and related operations conducted by _____ through the facility of _____ in/on the town/city/island of _____, in the State/Province/County/Territory of _____, and Country of _____, beginning on the _____ day of (month) _____, 20 _____, I, for myself, my personal representatives, heirs and next of kin:

HEREBY acknowledge that **SNORKELING/SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and/or death and/or property damage. I **FURTHER ACKNOWLEDGE** that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. I **UNDERSTAND** that the open water diving trips which are necessary for training and certification or for other diving activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

HEREBY **RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE** Scuba Schools International, the aforementioned Dive Business, its facility, the dive leader, or any of its officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MYSELF**, my personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

HEREBY **ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise, I **HEREBY SEPARATELY agree to INDEMNIFY and SAVE and HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

HEREBY acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader the potential dangers incidental to engaging in the course and/or activity of snorkeling or scuba diving and related diving operations.*

To be signed by participant after viewing RISK AWARENESS VIDEO — PART I and prior to any water work: *

Participant's Name _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE)
Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (day/month/year)

To be signed by participant after viewing RISK AWARENESS VIDEO — PART II and prior to open water scuba dives: *

Participant's Name _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE)
Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (day/month/year)

To be signed by participant after viewing RISK AWARENESS VIDEO — PART III and prior to open water scuba dives: *

Participant's Name _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE)
Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (day/month/year)

As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the dive leader prior to commencement of the minor child's snorkeling or scuba activities.*

Mother's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (day/month/year)
Father's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (day/month/year)
Guardian's Name _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (day/month/year)

*** NOTE:** This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.