

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR VOLUNTEER PROGRAMS  
BEACH, SHORELINE, AND UNDERWATER CLEANUP**

**I, (PRINT NAME)**

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AM PARTICIPATING IN A VOLUNTEER CLEANUP PROGRAM AT \_\_\_\_\_.

It is my intention, by signing this instrument, to exempt the host facility, the organizers, their respective employees, officers, agents or assigns, The Illinois Council of Skin and Scuba Divers, and all related entities, (hereinafter referred to as "RELEASED PARTIES") from liability or responsibility whatsoever for personal injury, property damage or wrongful death. I am aware that by signing this form and participating in the volunteer cleanup program activities (hereinafter referred to as the "Program"), I am WAIVING and RELEASING all claims arising out of such participation. In consideration of the "RELEASED PARTIES", accepting me as a volunteer participating in the "Program", I hereby agree as follows:

Acknowledgment and Assumption of Risk of Injury and Loss

I have fully informed my self of all of the details of the "Program" and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the "Program" and believe and represent that I have the necessary abilities, skills, and knowledge to participate in the "Program". I recognize and acknowledge that the "Program" involves risks of bodily injury, death, and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages, and losses that I, or the person on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the "Program".

Waiver of and Release of Claims

I hereby agree to, and do, waive, release and relinquish all claims, demands, right of action, damages, liabilities, and controversies of every kind, known and unknown, present and future, that I, or the person on whose behalf I am signing, may have against the "RELEASED PARTIES", and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to the "Program" or my participation therein.

Indemnity and Defense

I hereby further agree to indemnify and hold harmless and defend the "RELEASED PARTIES", and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorneys' fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my participation in the "Program".

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**Please read carefully and initial each paragraph**

\_\_\_\_\_ I understand and agree that the "RELEASED PARTIES," nor the organizers, their respective employees, officers, agents or assigns may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this "Program," or as the result of negligence of any party, including the "RELEASED PARTIES," whether passive or active.

\_\_\_\_\_ I understand that diving with compressed air involves certain inherent risks; embolism decompression sickness, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this activity may be conducted at a site that is remote either by time or distance or both, from such a recompression chamber. I still choose to proceed with such activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

(OVER)

\_\_\_\_\_ I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

\_\_\_\_\_ I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this "Program," and that if I am injured as a result of heart attack, panic, infection, hyper-ventilation, exhaustion, etc., that I assume the risk of said injuries and that I will not hold the "RELEASED PARTIES" responsible for the same.

\_\_\_\_\_ I will inspect all of my equipment prior to the activity. I will not hold the "RELEASED PARTIES" responsible for my failure to inspect my equipment prior to diving.

\_\_\_\_\_ In consideration of being allowed to participate in this "Program," I hereby personally assume all risks in connection with the dive(s) for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

\_\_\_\_\_ I further save and hold harmless said "Program" and "RELEASED PARTIES" from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this activity, including both claims arising during the activity or after I complete the activity.

\_\_\_\_\_ I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

\_\_\_\_\_ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

It is my intention, by signing this instrument, to exempt and release the "RELEASED PARTIES" the organizers, their respective employees, officers, agents or assigns, and all related entities as defined above, from 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 and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

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Print Name

Date

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Signature

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Certifying Agency

Certification #