WAIVER AND ASSUMPTION OF RISK – SCUBA DIVER

The undersigned is a certified **SCUBA** diver and is well aware and hereby acknowledges that **SCUBA** diving can be and is a dangerous sport, which can involve serious physical and emotional injury and possible death. Furthermore, the undersigned understands and acknowledges that the **ILLINOIS COUNCIL OF SKIN AND SCUBA DIVERS, INC. and** _____ do not have any special knowledge or expertise upon which he/she relies as reducing in any fashion the hazards of sport diving.

Therefore, in recognition of the hazards and dangers of sport diving and in recognition of the completely voluntary nature of his/her participation in the **ILLINOIS COUNCIL OF SKIN and SCUBA DIVERS, INC. UNDERWATER COMPETITION**, the undersigned does hereby assume, by his/her signature below, any and all risks of injury or death arising out of any and all activities of the **ILLINOIS COUNCIL OF SKIN AND SCUBA DIVERS, INC. UNDERWATER COMPETITION** held at _____**,** and hereby **WAIVES, RELEASES AND RELINQUISHES** any and all claims on his/her behalf and on behalf and on behalf of his/her spouse, children (adopted and natural), heirs, relatives and representatives of any kind against the **ILLINOIS COUNCIL OF SKIN AND SCUBA DIVERS, INC.** and _____, any officer, director, employee or individual member of either entity thereof. This assumption of risk waiver and release includes injuries sustained while traveling to and from **ILLINOIS COUNCIL OF SKIN AND SCUBA DIVERS, INC. UNDERWATER COMPETITION** held at _____.

I HEREBY authorize medical treatment for any injury or accident that occurs during the **ILLINOIS COUNCIL OF SKIN AND SCUBA DIVERS, INC. UNDERWATER COMPETITION** held at _____.

_____ _____ _____

PRINT name of participant **Signature of participant** **Date**