



**Southeast Underwater Explorers (“SEUE”)  
Participation Waiver**

I, \_\_\_\_\_, voluntarily enter this agreement, which will exempt and release Southeast Underwater Explorers (“SEUE”) and its Board Members from all liability or responsibility whatsoever for personal injury, property damage, or wrongful death however caused (including, but not limited to the negligence or the gross negligence of the released parties and myself for my own negligence of other parties, whether passive or active).

**Initials**

\_\_\_\_\_ I understand that I am releasing certain personal rights and those of my heirs. I understand that the purpose of this form is to completely release all individuals involved in SEUE events and activities.

\_\_\_\_\_ I understand that when referring to SCUBA diving activity this form intends to include all forms of activity related to aquatic diving including but not limited to travel, skin diving, scuba diving, technical diving, cave diving, and rebreather diving.

\_\_\_\_\_ I acknowledge that SEUE is a social organization. It provides an opportunity to meet and engage with other like-minded SCUBA divers.

\_\_\_\_\_ I acknowledge that SEUE does **not** provide certification or instruction in SCUBA diving. Any and all instructional or certification-focused activity which may occur at or during an SEUE event falls solely within the responsibility of that instructor conducting that activity.

\_\_\_\_\_ I acknowledge that SEUE does **not** supervise or otherwise control any SCUBA diving activity.

\_\_\_\_\_ I understand that skin diving, scuba diving, cave diving, and technically-oriented diving (such as rebreather diving and cave diving) involve the risk of injury and can result in discomfort, suffering, permanent disability, or even death. I understand that diving-related injuries such as decompression illness and pulmonary barotrauma/arterial gas embolism could result in serious and possibly permanent mental and/or physical disabilities or death. I understand that these or other pressure-related injuries can cause visual or hearing impairments. I understand that such injury may occur at any depth, including shallow depths. I

hereby state that I am knowledgeable of the risks associated with scuba diving and I voluntarily accept these risks. I understand swimming, scuba diving, and scuba related activities expose me to the risk of near-drowning or death by drowning. I further acknowledge that I am responsible for my actions during participation in scuba diving and related activities.

\_\_\_\_\_ I understand that it is my responsibility to establish my fitness and health to participate in scuba-related activity. I further understand that I may encounter significant physical stress during scuba diving or scuba diving related activities. I understand that it is ultimately my responsibility to identify my personal limitations with regard to depth, environment, and diving activity. I further understand that it is my responsibility to refuse to dive under any conditions that I feel are unsafe, generally dangerous, appear to relate unacceptable risk to myself or others, or exceed the level of my comfort, experience, training, or equipment.

\_\_\_\_\_ I understand that scuba diving is an equipment-intensive activity and that it is my responsibility to assure that all items of equipment that I intend to use for any given dive are operational and free of obvious malfunction. I further understand that I bear complete responsibility for the use and maintenance of all items of equipment that I may purchase, rent, or borrow.

\_\_\_\_\_ I understand that I am solely and completely responsible for the breathing gas mixtures that I breathe and handle, and that I must personally analyze or verify the analysis of each cylinder of gas before each dive. I am solely and completely responsible for the proper marking of cylinders to allow me to independently assure any mixture I breathe is safe and useable at the depth it will be breathed. I understand that handling and mixing oxygen with other gases requires special equipment and training. I further understand that the handling of oxygen can cause explosion resulting in life-threatening injury or death.

\_\_\_\_\_ I acknowledge that SEUE and the SEUE board have **no responsibility** to provide dive planning or gas management strategies to me.

\_\_\_\_\_ I acknowledge that I alone am responsible for dive planning, gas management, and all other aspects of my SCUBA diving activities. In organizing and executing SEUE events, SEUE and the SEUE Board do **not** endorse, support, or approve of my dive plan(s).

\_\_\_\_\_ I agree to hold SEUE and the SEUE Board harmless for any harm resulting from any activity—whether related to SCUBA diving or other—which may take place at an SEUE event.

\_\_\_\_\_ I agree to hold SEUE and the SEUE Board harmless for any harm resulting from any SCUBA certification or instructional activity which may take place at an SEUE event.

\_\_\_\_\_ I agree to hold SEUE and the SEUE Board harmless for any harm resulting from the administration of first aid, cardiopulmonary resuscitation (“CPR”), or oxygen in the event of my injury or involvement in an injury at an SEUE event.

\_\_\_\_\_ I understand and agree that neither SEUE nor its affiliates, members, officers, directors, agents, or assigns, may be held liable or responsible in any way for any injury, death, or other damages to me or my family, estate, heirs, or assigns that may occur as the result of my participation in any SEUE event or activity, or **AS A RESULT OF THE NEGLIGENCE OR GROSS NEGLIGENCE OF SEUE, OR ANY OTHER PARTY, HOWEVER, CAUSED, WHETHER PASSIVE OR ACTIVE**, and do hereby hold harmless, release, and forever discharge SEUE, its affiliates, members, officers, directors, agents, and assigns, either in their individual capacities or by reason of the relationship to SEUE and their successors, from any and all claims and demands whatsoever which any party may have resulting from accident, illness, injury, death, or any other consequence arising from any SEUE event or activity.

\_\_\_\_\_ I understand that this liability release and assumption of risk form will be governed by the laws of the state of Florida. If any portion of this agreement is found invalid the remainder shall be in effect.

\_\_\_\_\_ I have had ample opportunity to review this form and am fully aware of its contents.

\_\_\_\_\_ I have read this entire document and recognize that it is my responsibility to ensure that I understand each item. I have had ample opportunity to review this document and feel comfortable that any questions I have were answered promptly and completely.

Print Name of Participating Member: \_\_\_\_\_

Signature of Participating Member: \_\_\_\_\_

Date: \_\_\_\_\_

**For Members under the Age of Eighteen**

Print Name of Participating Member: \_\_\_\_\_

Print Name of *Parent* or *Legal Guardian*: \_\_\_\_\_

Signature of *Parent* or *Legal Guardian*: \_\_\_\_\_

Date: \_\_\_\_\_