

VETERANS MEMORIAL BRIDGE / JAY STREET DIVE SITE RELEASE AND WAIVER OF LIABILITY AGREEMENT

THE UNDERSIGNED understands and acknowledges that permission to enter the premises located at the Veterans Memorial Bridge / Jay Street Dive Site is granted only after the written document is completed and signed.

PLEASE READ THE DOCUMENT CAREFULLY

PLEASE PRINT:

FOR CERTIFIED DIVERS:

Name _____ Certifying Agency: _____

Address Certification Date

Email Address	Type of Certification
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IN CONSIDERATION of the opportunity afforded to me to enter and utilize the premises at the Veterans Memorial Bridge also known as the Jay Street Dive Site located in Woodward Township, Clinton County, Pennsylvania and to participate in SKIN and or SCUBA DIVING, its associated activities, I hereby assume all risk of loss or injury to my person and property that may be sustained in connection with such activities or related activities. I acknowledge that there is **NO LIFEGUARD ON DUTY** and that I have been given an opportunity to inspect the property and my use of the premises indicates my satisfaction with the condition of same.

IN CONSIDERATION for the permission granted to me to enter the premises and utilize same in such activities, I, for myself, my heirs, administrators, executors, successors and assigns, release, remise, and forever discharge Woodward Township and Clinton County, the owners, operators, sponsors of any event, as well as their respective agents, servants, employees, officers, officials, and other participants in those activities of and from all claims, demands, actions and causes of action of any sort, in law or equity, arising from any injury, including death, sustained to my person and/or property arising during or from my presence on the premises.

I INTEND by this Release to waive all claims for negligence, products liability, or breach of warranty against Woodward Township and Clinton County, including claims for personal injury to the undersigned or damage to the undersigned's property whether or not it is based on the sole negligence of Woodward Township and Clinton County, its agents or its employees. This Release shall cover and include all areas, activities and acts, within the premises, including but not limited to, all recreational endeavors, parking facilities, picnicking areas, land, activity, or act in or about Jay Street Dive Site area.

The UNDERSIGNED agrees to indemnify and hold harmless Woodward Township and Clinton County from any and all causes of action at law or in equity that they, any personal representatives, and my heirs, executors, administrators, successors or assigns, may have against Woodward Township and Clinton County and UNDERSIGNED agrees to pay all costs of such action, including but not limited to attorney's fees incurred by Woodward Township Clinton County in the defense of same.

I ACKNOWLEDGE that the utilization of the premises by the undersigned for whatever permitted purposes is purely at my risk. I agree that there have been no warranties made to me expressed or implied. I represent and certify that my attendance and participation in those activities is voluntary. I represent and certify that my participation in SKIN and or SCUBA DIVING is as a certified scuba diver, or in the instance of PADI SCUBA DIVER under the supervision of a qualified SCUBA instructor, or as a student in a SCUBA DIVING course/program under the supervision of a qualified SCUBA instructor.

I AGREE that this Release shall be continuing in nature for subsequent visits by me during the calendar year set forth below.

I INTEND AND AGREE that this Release and Waiver of Liability Agreement will be governed by Pennsylvania law and will be binding upon my estate, heirs, administrators, executors, successors and assigns, and legal personal representatives.

I AGREE that any dispute relating to this Agreement will be resolved exclusively in the Courts of the Commonwealth of Pennsylvania.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND, BY AFFIXING MY SIGNATURE TO IT, SIGNIFY MY CLEAR INTENTION TO BE LEGALLY BOUND BY IT.

Date: _____ Signature: _____

Date: _____ Signature: _____

Parent or Guardian Signature If Under The Age Of 18

Mail or Deliver to:

Woodward Township Police Dept., 86 Riverside Terrace, Lock Haven, PA 17745 or Sunken Treasure Scuba Center