

BOAT TRAVEL AND SCUBA DIVING LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

(passenger/diver)	cuba diver or a student diver under the control and
supervision of a certified scuba instructor, and that I thoroughly understate occurring during boat travel to and from the dive site (hereinafter collective)	· ·
I understand that these inherent risks include, but are not limited to, dro embolism, or other hyperbaric injuries that require treatment in a recoming cut or struck by a boat while in the water, injuries occurring while ge which can result in serious injury or death. I understand the Excursion was distance or both, from a recompression chamber and emergency medic By signing this Agreement, I certify that I am fully aware of and expression a boat trip and scuba dive(s), whether conducted as a recreational	pression chamber; slipping or falling while on board, betting on or off a boat, and other perils of the sea; all of will be conducted at a site that is remote, either by time or all facilities. I still choose to proceed with the Excursion. By assume these and all other risks involved in making
I understand and agree that neither the divernaster/dive supervisor/instritself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporations tors or assigns of the above listed individuals and/or entities (hereinafte any way for any personal injury, property damage, wrongful death or oth that may occur as a result of my participation in this Excursion, or as a reased Parties, whether passive or active.	; nor the owners, officers, employees, agents, contrac- r "Released Parties") may be held liable or responsible in her damages to me or my family, estate, heirs or assigns
I affirm I am in good mental and physical fitness to scuba dive. I further drugs that are contradicted to diving. If I am taking medication, I affirm t while under the influence of the medication/drugs. I understand that skir and that I will be exerting myself during this Excursion, and that if I am i drowning or any other cause, that I expressly assume the risk of said in sible for the same.	hat I have seen a physician and have approval to dive and scuba diving are physically strenuous activities njured as a result of heart attack, panic, hyperventilation,
I am aware that safe dive practices suggest diving with a buddy. Accord for our diving limitations and the prevailing water conditions and environ my failure to safely plan my dive, dive my plan, maintain buddy contact crew, including the dive briefing.	ment. I will not hold the Released Parties responsible for
I affirm it is my responsibility to inspect all of my equipment prior to the I my equipment is not working properly. I will not hold the Released Partie prior to diving.	
I further state that I am of lawful age and legally competent to sign this Amy parent or guardian. I understand the terms herein are contractual ament of my own free act and with the knowledge that I hereby agree to of this Agreement if found to be unenforceable or invalid, that provision this Agreement will then be construed as though the unenforceable provided in the state of t	nd not a mere recital, and that I have signed this Agree- waive my legal rights. I further agree that if any provision shall be severed from this Agreement. The remainder of
I understand and agree that I am not only giving up my right to sue the I or beneficiaries my have to sue the Release Parties resulting from my d so and my heirs, assigns and beneficiaries will be estopped from claiming leased Parties.	eath. I further represent that I have the authority to do
I. BY THIS INSTRUMENT, AGE	REE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED
(passenger/diver) ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LII OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BEHALF OF MYSELF AND MY HEIRS.	BILITY FOR PERSONAL INJURY, PROPERTY DAMAGE MITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE FULLY INFORMED MYSELF AND MY HEIRS OF THE
Participant's Signature	Date (Day/Month/Year)
Signature of Parent or Guardian (where applicable)	Date (Day/Month/Year)
Diver Accident Insurance? ☐ NO ☐ YES Policy Num	ber