



BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING

I _____ hereby affirm that I am a certified diver or student diver under the control (passenger/Diver) and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off of a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume that these risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither the Instructor, Crew Members, Captain, and the crew or owner of the vessel, or the owners officers, employees, agents and assigns of the above listed individuals and/or entities (hereinafter Released Parties) may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assignees that may occur as a result of my participation in the boat trip and scuba dive(s) or as a result or negligence on any party, including the released Parties, whether passive or active. I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I _____ BY THIS INSTRUMENT, SO HERBY EXEMPT AND RELEASE ALL (Passenger/Diver) THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASE PARTIES WHETHER PASSIVE OR ACTIVE. I UNDERSTND AND AGREE THAT THIS DOCUMENT IS LEAGALLY BINDING AND WILL PRELUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR PRODUCT LIABILITY.

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND USED (IF NEEDED) FOR EMERGENCY CARE ONLY:

Allergies: Yes No List: _____
 Medications: Yes No List: _____
 Past Medical History:

Heart Attack	<input type="checkbox"/>	Angina	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>

Name:		Address:	
Phone:		Province:	
Email:		Postal Code:	
Certification #:		Country:	

THIS WAIVER IS GOOD FOR THE FULL DIVE SEASON.

Signature: _____ Date: _____