

BLUE WATER ADVENTURES OF PENSACOLA, INC.
Captain Dave Mucci, USCG Licensed and Insured
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DIVER'S RELEASE OF LIABILITY

FULL NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL ALERT INFORMATION _____

*If taking any medication, or if you have a medical condition that could affect your diving, you should consult a doctor.

TRIP DATE _____ TIME _____

I UNDERSTAND THE SIGNING OF THIS DOCUMENT IS TO EXEMPT AND RELEASE BLUE WATER ADVENTURES OF PENSACOLA, INC. AND ITS OWNERS, CAPTAINS, EMPLOYEES AND AGENTS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE.

I further certify, if I engage in SCUBA diving activities, that I am a certified diver or a student diver under the direct supervision of an instructor and have been taught and understand SCUBA diving has inherent risks and dangers associated therewith including, but not limited to, risk associated with equipment failure, perils of the sea, acts of fellow divers and I SPECIFICALLY ASSUME SUCH RISKS.

I acknowledge that I am physically fit to SCUBA dive and snorkel, and will not hold any of the above named persons or entities responsible if I am injured as a result of hearing problems, lung problems or other illnesses or medical problems which occur while diving and/or snorkeling.

I do not have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications that would contraindicate diving.

Prior to leaving the dock, I will inspect all equipment to be used. I will notify Blue Water Adventures of Pensacola, Inc. if any of my equipment is not functioning properly. I will not hold Blue Water Adventures of Pensacola, Inc. or any of its captains, employees, agents or dive boats or Dive Pros responsible for my failure to inspect my equipment prior to diving.

I will be present and attentive to the safety briefing given by the Divemaster and boat captain and if there is anything that I do not understand or have been taught differently, I will notify the boat captain immediately.

I understand and have a duty to carry out my own dive and to be responsible for my own safety and the safety of my buddy. I WILL REMAIN WITH MY BUDDY AT ALL TIMES.

I will start my ascent at the end of each dive with enough air to guarantee being on the boat with a minimum of 500 PSI remaining in my tank.

I will immediately stop my dive if:

- (a) I feel uncomfortable with my diving abilities; and/or
- (b) Diving conditions are worse than those for which I have been trained or for which I have experience.

I am aware of the dangers of holding my breath while diving and the dangers associated with rapid ascents and will not hold the above named persons or entities responsible for such acts.

If I become distressed on the surface, I will IMMEDIATELY drop my weight belt and inflate my B.C. for permanent flotation assistance and if I want or need assistance from the boat, I will give the proper "diver in trouble" signal.

I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.

IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE BLUE WATER ADVENTURES OF PENSACOLA, INC., ITS OWNERS, CAPTAINS, EMPLOYEES, AGENTS AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OR IN ANY WAY ARISING FROM MY PARTICIPATION IN SAID TRIPS AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING AND SCUBA DIVING ACTIVITIES.

I HAVE READ AND UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES.

PARTICIPANT SIGNATURE _____

PARENT OR LEGAL GUARDIAN _____

DATE _____

CERTIFICATION # _____ CERTIFICATION AGENCY _____

OF DIVES _____ DATE OF LAST DIVE _____