

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

FULL NAME		ADDRESS	
CITY		STATE	ZIP
PHONE	FAX	EMAIL	
BIRTH DATE _.	CERT. AGENCY		
APPROXIMAT	TE DATE OF LAST DIVE	APPROXIMATE NUMBER	OF DIVES
		E OF YOUR RIGHTS TO SUE.	a count of law.
	This release may be used against you or	any person acting on your benait in a ainst any released party and/or persoi	
(Please read car	snould a suit be brought aga refully, fill in all blanks and initial each parag		1.
[,	, herel	by affirm that I have been advised and tho	roughly informed of the
(P	LEASE PRINT YOUR NAME)		
	of skin diving and scuba diving.		
any of the for any in charter or I acknow	stand and agree that neither Discovery Diving Co. In eir respective employees, officers, agents, or assigns, njury, death, or other damages to me and my family, lar as a result of any negligence, WANTON or WILLI wledge that I am a certified NITROX scuba diver trainese risks.	(hereinafter referred to as "Released Parties") neirs, or assigns that may occur as a result of mercey, of a party, including the Released Parties,	nay be held responsible in any way y participation in this diving whether passive or active.
I also un and that I further	nderstand that skin diving and scuba diving are physi if I am injured in any way, that I expressly assume the r save and hold harmless the released parties from a	e risk of said injuries. ny claim or lawsuit by me, my family, estate, h	
	ion in said charter(s) including both claims arising dure state that I am of lawful age and legally competent		written consent of my parent or
decomproundersta chamber I further oxygen to In consideration any harm	I understand that even following all appropriate diversion sickness, embolism, or other hyperbaric injuries and that the charter(s) may be conducted at a site that it. I still chose to proceed with said charter(s) in spite r, completely understand that by exceeding oxygen to exicity and that these, among other things, could lead deration of being allowed to participate in said charter, injury or damage that may befall me while I participate or unforeseen.	es can occur that require treatment in a recompression remote, either by time or distance or both, from of the absence of a recompression chamber in lerance leverls I may be subjected to central new to severe injuries, paralysis or even death. er(s), I hereby personally assume all risks in co	ession chamber. I further om such a recompression proximity to the dive site. rvous system type or whole body type nnection with said charter(s), for
I affirm any drug	that I am in good mental and physical fitness for division that are contradictory to diving. If I am taking mediance of the medication/drugs.		
I am awa I am awa prevailin I will ins	are of the dangers of breath holding while diving, and are that I will be diving with a buddy, and it will be ag water conditions. I will not hold any of the Release spect all of my equipment prior to the activity and wint prior to the dive.	our responsibility to plan our dive allowing for ed Parties responsible for my failure to safely pl	our diving limitations and the an my dive and dive my plan.
I unders IT IS MY INTE WHATSOEVER INCLUDING B	stand that the terms herein are contractually binding a ENT TO EXEMPT AND RELEASE ALL REIR FOR PERSONAL INJURY, PROPERTY DUT NOT LIMITED TO, THE NEGLIGENCI	LEASED PARTIES, FROM ALL LIABI DAMAGE OR WRONGFUL DEATH HO E OF THE RELEASED PARTIES, WH	LITY OR RESPONSIBILITY OWEVER CAUSED, ETHER PASSIVE OR ACTIVE
I HAVE READ,	R SAVE AND HOLD HARMLESS THE REI , UNDERSTAND AND HAVE INFORMED N UMPTION OF RISK BY READING IT BEFO	MYSELF OF THE CONTENTS OF THI	S LIABILITY RELEASE AND
	Signature of Individual	Date	
Signat	ure of Parent or Guardian(where applica	ble) Date	