



## Activity Pass and Complete Liability Release

1. I understand scuba diving has inherent risks and dangers associated therewith, including but not limited to risks associated with equipment failure, perils of the sea, acts of fellow divers and I specifically assume such risks.
2. I acknowledge that I am a certified diver or student trained in safe scuba diving practices and have practiced my scuba skills within the last 12 months, or I am under direct supervision of a Certified Open Water Scuba Instructor.
3. I will inspect all of my equipment, whether it be personal equipment or rental equipment, prior to leaving the dock or shore and will notify Underwater Unlimited, Inc. in the event that the equipment is not functioning properly.
4. I will not hold Underwater Unlimited, Inc., nor any of its officers, agents, instructors, servants, employees, or the dive boat responsible for any failure to inspect my personal life support system prior to diving.
5. I acknowledge that I am physically fit to engage in scuba diving and snorkeling, and I will not hold Underwater Unlimited, Inc., nor any of its officers, agents, instructors, servants, and employees responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which may occur when scuba diving or snorkeling.
6. I am not taking and have not taken any medication or other drugs that would contraindicate or otherwise affect my performance while scuba diving or snorkeling.
7. I understand I will be diving with a dive buddy and that I will remain with my buddy at all times.
8. I will immediately stop my dive if;
  - a. I feel uncomfortable with my diving abilities: and or
  - b. Diving conditions are worse than I have been trained or have experience for.
9. I will inflate my buoyancy control device (BCD) any time I am on the surface, even if it is just for a moment.
10. I will scuba dive with a complete Total Diving System consisting of;
  - a. Snorkeling System – mask, fins, snorkel
  - b. Air Delivery System – 1<sup>st</sup> stage, 2<sup>nd</sup> stage, and an alternate air source
  - c. Buoyancy Control System – L/P hose, power inflator and buoyancy compensator with sufficient lift for diver.
  - d. Information System – air monitor (SPG), depth monitor, and time monitor, or dive computer.
  - e. Exposure System – must have adequate thermal/ environmental protection depending on conditions.
11. I will arrive back on board the boat or return to the shore with a minimum of 500 PSI remaining in my cylinder on each dive.
12. I feel competent in self-rescue techniques and giving aid to my buddy.
13. If I become distressed on the surface, I will immediately release my weight system and inflate my BCD for positive floatation assistance.
14. I understand I have a duty to exercise reasonable care for my own safety and agree to do so.
15. I am aware of the dangers of holding my breath while diving and will not hold Underwater Unlimited, Inc., its officers, agents, instructors, servants, employees, or the dive boat responsible if I am doing so.
16. I fully understand and am aware that during my trip and or activity, dives will be conducted at locations that are remote, either by time or distance or both, from a hyperbaric chamber and has limited medical facilities, and that in the event of illness or injury, appropriate medical care must be summoned by radio or phone and that treatment will be delayed until I can be transported to a proper medical care facility.
17. It is my intention by this instrument to exempt Underwater Unlimited, Inc., and their officers, agents, instructors, servants, and employees, from any and all liability for personal injury, property damage or wrongful death caused by negligence or otherwise, and I assume all risks in connection with snorkeling and scuba diving activities and or instruction.
18. I have read the foregoing in its entirety and agree to the terms and conditions herein above set forth on behalf of myself, my heirs, and personal representatives

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Highest Certification Level: \_\_\_\_\_ Certification No: \_\_\_\_\_ Date of last Dive: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

