

# DIVING WAIVER

THIS IS A RELEASE OF YOUR RIGHTS TO SUE NEITHER FRANK HELLER, PATRICE HELLER, PACIFIC RIM DIVERS LIMITED NOR ITS EMPLOYEES, AGENTS AND ASSIGNS FOR PERSONAL INJURY OR WRONGFUL DEATH THAT MAY OCCUR DURING THE FORTHCOMING DIVE ACTIVITY EITHER AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING/SNORKELING OR AS A RESULT OF NEGLIGENCE.

(Please place **YOUR INITIALS** next to each of the following sections.)

- \_\_\_\_\_ 1. I acknowledge that I am a certified diver trained in safe diving practices.
- \_\_\_\_\_ 2. I am aware of the risks inherent in scuba diving and accept these risks.
- \_\_\_\_\_ 3. I affirm that I am in good mental and physical fitness for diving and that I am not under the influence of any drugs that are contra indicatory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.
- \_\_\_\_\_ 4. I am aware of the dangers of breath holding while scuba diving and I will not hold PACIFIC RIM DIVERS, LTD, F. HELLER, P. HELLER, AND ITS EMPLOYEES responsible if I am injured doing so.
- \_\_\_\_\_ 5. I am aware that I will be diving with a buddy or a group, and it will be my sole responsibility to plan my dive allowing for my diving limitations and the prevailing water conditions. I will not hold the above listed company or individuals responsible for my failure to safely plan my diving tour.
- \_\_\_\_\_ 6. I understand that it is my sole responsibility to inspect all of my equipment, whether my own or rented from Pacific Rim Divers, prior to the activity, and I will notify the above listed individuals if any of my equipment is not working properly. I will not hold the above listed individuals responsible for my failure to inspect my equipment prior to diving nor for any fault that may occur with such equipment that I have not properly inspected.
- \_\_\_\_\_ 7. I acknowledge that I am physically fit and able to scuba dive/snorkel and I will not hold the above listed individuals or company responsible if I am injured as a result of heart, lung, ear or circulatory problems or other illnesses that occur while diving and/or snorkeling.
- \_\_\_\_\_ 8. I understand that even though I follow all of the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.
- \_\_\_\_\_ 9. I also expressly assume the risk and accept all responsibility to plan my dive and dive my plan.
- \_\_\_\_\_ 10. I also understand that scuba diving/snorkeling is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or company responsible for the same.
- \_\_\_\_\_ 11. I also understand that on this open water diving trip, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.
- \_\_\_\_\_ 12. IT IS THE EXPRESS INTENTION OF \_\_\_\_\_(your name) BY THIS INSTRUMENT TO EXEMPT AND RELEASE PACIFIC RIM DIVERS LTD, F. HELLER, P. HELLER, AND ITS EMPLOYEES, AND ALL RELATED ENTITIES, AS DEFINED ABOVE, FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, AND/OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS INFORMATION AND RELEASE BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF OR MY HEIRS. THIS WAIVER SHALL REMAIN IN EFFECT FOR ALL DIVING IN THE CALENDAR YEAR IN WHICH IT IS SIGNED.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name Parent/Guardian Signature Emergency Contact and Phone Number

\_\_\_\_\_  
Home Address City State Zip Phone

\_\_\_\_\_  
Certifying Agency: \_\_\_\_\_ Cert. Date: \_\_\_\_\_ Card #: \_\_\_\_\_ Training Level: \_\_\_\_\_

\_\_\_\_\_  
# Dives Made: \_\_\_\_\_ Date of Last Dive: \_\_\_\_\_ E-Mail address: \_\_\_\_\_