



# LIABILITY RELEASE FOR SUPERVISION OF CERTIFIED DIVERS/SNORKELERS

THIS IS A RELEASE OF YOUR RIGHTS TO SUE Underseas Inc. nor,  
George & Marion Rockett nor, Facility AND ITS EMPLOYEES,

Operator AGENTS, AND ASSIGNS FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING THE FORTHCOMING DIVE ACTIVITY AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING/SNORKELING OR AS A RESULT OF NEGLIGENCE. Dive Supervisor

(Please place your initials next to each of the following sections.)

- \_\_\_\_\_ 1. I acknowledge that I am a certified scuba diver trained in safe diving practices.
- \_\_\_\_\_ 2. I am aware of the risks inherent in this sport 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 alcohol, nor am I under the influence of any drugs that are contraindicatory 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 Underseas Inc. nor, Facility and related entities (such as employees, Operator instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so. Dive Supervisor
- \_\_\_\_\_ 5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the above listed individuals responsible for my failure to safely plan my dive.
- \_\_\_\_\_ 6. I will inspect all of my equipment prior to the activity and 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.
- \_\_\_\_\_ 7. I acknowledge that I am physically fit to scuba dive/snorkel, and I will not hold the above listed individuals 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 then 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 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 INTENTION OF X Underseas Inc. BY THIS  
George & Marion Rockett INSTRUMENT TO EXEMPT AND RELEASE Facility and,  
Operator and, Dive Supervisor

\_\_\_\_\_ AND ALL RELATED ENTITIES  
Dive Supervisor  
AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, 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.

X \_\_\_\_\_ X  
Signature of Diver Date

\_\_\_\_\_  
Signature of Parent or Guardian Where Applicable Date