POOL USE

(SCUBA & NON-SCUBA)

Name:_____ Certification Agency & Number:_____

Liability Release and Assumption of Risk Agreement

INITIAL: **POOL RULES:**

_____ NO SPITTING in mask USE Defog.
_____ MUST SHOWER before entering the pool.
_____ Tank boots must be on tanks.
_____ Make sure shop weights have been removed from personal BC'S.
_____ Do not drain tanks below 500 PSI.
_____ No gum in the pool or around the pool deck.
_____ DO NOT PEE in the pool.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks that may result in serious injury or death.

I understand and expressly assume all risk and agree that The Scuba Dive will not be held liable or responsible in any way for any injury, death or damage done to me whether foreseen or unforeseen.

I understand that past or present medical conditions may be contraindications. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting, or a history of a heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

I _____, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE SCUBA DIVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

I, _____, acknowledge that this waiver is good for one (1) year from the date of signature. A new waiver will need to be signed after one (1) year.

_____ _____
Participant Signature Date

_____ _____
Parent/Guardian Signature (where applicable) Date

_____ _____
Witness Signature Date