

## Liability and Assumption of Risk

Name: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  M  F

Mailing Address: \_\_\_\_\_

Phone (H/M): \_\_\_\_\_ Emergency contact: Name & No: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Agency: \_\_\_\_\_

Certification No: \_\_\_\_\_ No. of Dives: \_\_\_\_\_ Date of Last Dive: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

**PLEASE READ CAREFULLY & WRITE "YES" or "NO" TO EACH QUESTION**

Have you had any of the following since you passed your last **Fit for Diving Dive Medical?**

If **YES**, a medical must be presented on request by Dive operator/instructor.

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma or Breathing Problems   | <input type="checkbox"/> High Blood Pressure            |
| <input type="checkbox"/> Lung or respiratory disease  | <input type="checkbox"/> Ear / Sinus Problems / Surgery |
| <input type="checkbox"/> Epilepsy or Any Seizures   | <input type="checkbox"/> Surgery of any kind            |
| <input type="checkbox"/> Heart Disease or related problems  | <input type="checkbox"/> Head Injuries or Blackouts     |
| <input type="checkbox"/> Decompression Sickness   | <input type="checkbox"/> Diabetes or Similar problems   |
| <input type="checkbox"/> Been Involved in any accident  | <input type="checkbox"/> Could you be Pregnant?         |
| <input type="checkbox"/> Are you presently taking prescription medications (except for birth control or anti-malarial)? |   |
| <input type="checkbox"/> Has your doctor verified the medication safe to use whilst diving?                             |   |
| <input type="checkbox"/> Any acute or chronic illness that may affect your ability to dive safely                       |   |
| <input type="checkbox"/> Have you consumed any alcohol in the last 8 hours?   |   |
| <input type="checkbox"/> If you have your own SCUBA equipment, has it been serviced in the last twelve (12) months?     |   |

**The information I have provided about my medical history is accurate to the best of my knowledge.**

***I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.***

I, \_\_\_\_\_, understand the inherent dangers associated with diving.  
(Full Name)

I will abide by the recommended guidelines and regulations laid out by my training agency.

Diving Dates (Day/Month/Year) from \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (Signature) (Date) \_\_\_\_\_ (Signature of Parent or Guardian) \_\_\_\_\_ (Date)

**ABN: 31 303 981 020**



# BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, hereby affirm that I am a certified diver or a student diver under  
(passenger/diver)  
the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither Peter Comerford, Daniel Parker,  
(divemaster /crew members/captain)

the crew or owner of the vessel, nor BLUE JUICE ONE, the vessel, nor International  
(name of vessel)

PADI, Inc., nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this boat trip and scuba dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I \_\_\_\_\_, BY THIS INSTRUMENT, DO HEREBY  
(passenger/diver)

EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

PRINTED NAME \_\_\_\_\_ Participant's Signature \_\_\_\_\_

\_\_\_\_\_  
Diving Date: (Day/Month/Year)

Diving Dates (Day/Month/Year) from \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (for yearly waiver forms)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Diving Date (Day/Month/Year)