

Scuba Diving Liability Waiver Form

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name & Phone

Medical & Certification Information

Diver Certification Level

Certifying Agency

Certification Number

Medical Conditions / Allergies

Acknowledgement & Release

I acknowledge and accept the inherent risks and dangers associated with scuba diving. I confirm that I am physically and mentally fit to participate in scuba diving activities and will comply with all rules and instructions.



I have read and understood the above information.

Signature

Date