

# Scuba Diving Liability Waiver

Please read carefully and fill in all required fields.

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact Information

Contact Name

Relationship

Contact Phone

## Liability Release & Assumption of Risk

I understand and agree that scuba diving is a hazardous activity with inherent risks and dangers which can result in serious injury or death. By signing this agreement, I assume all such risks, and waive any right to pursue legal action against the releasees for any injury, death, or damages resulting from my participation in scuba diving activities.

- I certify that I am physically fit to participate in scuba diving.
- I agree to comply with all instructions and dive safety procedures.
- I acknowledge that I have had the opportunity to ask questions regarding the risks of scuba diving.
- I release the diving company, its employees, and agents from all liability.

## Medical Statement

I acknowledge that scuba diving requires good physical and mental health. I affirm that I do not have any medical conditions that may impair my ability to safely engage in scuba diving activities.

## Signature

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date