

South Carolina Public Safety Divers International, LLC Certified Divers Liability Release Form

This is a release of your rights to file suit against South Carolina Public Safety Divers International, LLC (SCPSDI) and its owners, employees, agents, and assigns for personal injuries or wrongful death that may occur during the forthcoming dive/diving activity. As a result of inherent risks associated with scuba diving/snorkeling or as a result of negligence.

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

_____ I acknowledge that I am a certified diver trained in safe diving practices and will remain with my buddy at all times.

_____ I understand snorkeling/scuba diving has inherent risks and dangers associated (herewith including but not limited to) equipment failures, perils of the sea, acts of fellow divers, and surface craft. I specifically assume such risks.

_____ I affirm that I am in good mental and physical fitness for diving and that I am not under the influence of alcohol or drugs that are contraindicated to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive under the influence of the medication.

_____ I will inspect all my equipment and any equipment I have rented from _____ prior to the activity and will notify the same if any of my equipment is not working properly. I will not hold South Carolina Public Safety Divers International, LLC (SCPSDI) International nor any of its owners, employees responsible for my failure to inspect my equipment prior to diving.

_____ If I become distressed on the surface, I will immediately drop my weight belt and inflate my BCD for flotation assistance.

_____ I also understand that the sea conditions may change while enroute to the dive site, while underwater diving or any time during the dive trip and this is a function of the environment. I will not hold South Carolina Public Safety Divers International or any its owners, employees, agents, and assigns responsible for conditions that are out of their control.

_____ I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc. I expressly assume the risk of said injuries and will not hold South Carolina Public Safety Divers International and its owners, employees, agents, and assigns responsible for the same.

_____ I acknowledge that South Carolina Public Safety Divers International, LLC (SCPSDI) (is/is not) providing transportation only from their dock to a location for me to pursue my underwater activities and that the Captain, Dive Supervisor, other agents or assigns while assisting on board the vessel are not providing instruction or protection from the perils of scuba diving/snorkeling and are not responsible for my safety whole in the water.

_____ I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.

_____ South Carolina Public Safety Divers International, LLC (SCPSDI) and its owners, employees, agents, and assigns have made no representation to me implied or otherwise that they or their staff will perform safe rescues or render first aid in the event I show signs of distress or call for aid. I would like assistance and will not hold South Carolina Public Safety Divers International, LLC (SCPSDI) International and its owners, employees, agents, and assigns, its staff, Dive Supervisors, or passengers responsible for their actions in attempting the performance of rescue or first aid.

_____ It is the intention of _____ by this instrument to exempt and release South Carolina Public Safety Divers International, LLC (SCPSDI) and its owners, employees, agents, and assigns and all related entities 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 by reading it before signing it on behalf of myself and heirs.

Signature of Diver: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Email: _____

Divers Certification #: _____ Agency Certified by:: _____

This document must be notarized with a raised seal if Parent or Guardian does not accompany minor.