

2018 Diver Data Form and Liability Waiver for Charter Boat O.C. Diver

Please print clearly

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phones Home:() _____ Work:() _____ Cell:() _____

Age: _____ Birth Date: _____ Sex: __M,__F Number Of Dives Logged _____

Highest Cert. Held: _____ Training Agency: _____ Student #: _____

Physician's Name: _____ Phone: () _____

Diving Accident Insurance Agency: _____ Policy # _____

In Case of Emergency Notify, Name: _____ Relationship: _____

Phones Home:() _____ Work:() _____ Cell:() _____

Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

In consideration of permitting me to participate in recreational and/or technical scuba diving charters and related operations conducted by **Ted Green** on the charter boat **O.C. Diver** for the calendar year **2018**, I, for myself, my personal representatives, heirs and next of kin:

HEREBY acknowledge that **SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and/or death and/or property damage. **I FURTHER ACKNOWLEDGE** that diving with compressed gases including Air, Argon, Helium, Nitrox, Oxygen, Trimix, involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. **I UNDERSTAND** that these diving charters may be conducted at sites that are remote, either by time or distance or both, from a recompression chamber or medical facilities. **I FURTHER ACKNOWLEDGE** that it is entirely my responsibility to determine that I have proper diving equipment and compressed gas mixtures, proper physical and mental health, appropriate training and prior experience for each charter.

HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE **Technical Diving International, O.C. Diver, Ted Green**, its facility, the dive leader, or any of its officers, instructors, agents or employees (the releases) **FROM ALL LIABILITY TO MYSELF**, my personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION IN THESE CHARTERS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation on these charters, whether foreseen or unforeseen and whether caused by the negligence of the Releases or otherwise, **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE and HOLD HARMLESS** the Releases from any loss, liability, damage or cost they may incur, now and forever, arising out of or related to participation on these charters, whether caused by the negligence of the Releases or otherwise.

HEREBY acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releases, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this waiver and Release of Liability, Assumption of risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release from all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader and the captain the potential dangers incidental to these charters.

Signature of Participant

Date

Print Name of Witness

Phone Number

Mail This Form To: **O. C. Diver**
PMB #376
1147 S. Salisbury Blvd. #8
Salisbury, MD 21801

Signature of Witness

Date