

**CAPTAIN SLATE'S DIVE CENTER, INC. / DIVE PROFESSIONALS, INC. /  
CAPTAIN SLATE'S SCUBA ADVENTURES / CAPTAIN SLATE'S ATLANTIS DIVE CENTER**

**Complete Scuba Diving Liability Release**

1. I understand purpose of signing this document is to exempt and hold **CAPTAIN SLATE'S DIVE CENTER, INC/DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/ CAPTAIN SLATE'S ATLANTIS DIVE CENTER** , its employees, its agents, and its boats(where owned, operated, leased or chartered)and to hold these entities harmless from any and all liabilities arising as a consequence of the following, or any other acts or omission on their part, including but not limited to negligence.
2. I am a certified diver or a student under the direct supervision of an instructor and have been taught and understand scuba diving has inherent risks and dangers associated therewith including but not limited to risks associated with equipment failure, perils of the sea, acts of fellow divers and **I SPECIFICALLY ASSUME SUCH RISKS.**
3. I have been diving within the past year or am currently participating in a refresher course.
4. I acknowledge that I am physically fit to scuba dive and snorkel and I will not hold any of the aboved named persons or entities responsible if I am injured as a result of heart problems, lung problems, or other illness or medical problems which occur while diving and/or snorkeling.
5. I do not have in my possession any illegal drugs, or am I taking, nor have I recently consumed, any drugs or medication that would contraindicate diving. I am not under the influence of alcohol or am I suffering from its after effects(i.e hung over).
6. Prior to leaving the dock, I will inspect all equipment to be used. I will not hold **CAPTAIN SLATE'S DIVE CENTER, INC/DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/ CAPTAIN SLATE'S ATLANTIS DIVE CENTER** , its employees, agents or boats responsible for my failure to inspect my equipment prior to diving.
7. I will be present at and attentive to the safety briefing given by the dive master and boat captain, and if there is anything I do not understand or have been taught differently, I will notify the boat captain immediately.
8. I understand I have a duty to plan and carry out my own dive and to be responsible for my own safety and the safety of my buddy.
9. **I WILL REMAIN WITH MY BUDDY AT ALL TIMES.**
10. I will start my ascent at the end of each dive with enough air to guarantee being on the boat with a minimum of 500 PSI remaining in my tank.
11. I will immediately stop my dive if: A. I feel uncomfortable with my diving abilities and/or B. Diving conditions are worse than those for which I have been trained or for which I have experience.
12. I am aware of the dangers of holding my breath while diving and of the dangers associated with rapid ascents and will not hold the above named persons or entities responsible for such acts.
13. If I become distressed on the surface, I will **IMMEDIATELY** drop my weight belt and inflate my BC for permanent floatation assistance and if I want or need assistance from the boat, I will give the proper "diver in trouble" signal.
14. I fully understand and I am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
15. IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE **CAPTAIN SLATE'S DIVE CENTER, INC/DIVE PROFESSIONALS, INC./CAPTAIN SLATE'S SCUBA ADVENTURES/ CAPTAIN SLATE'S ATLANTIS DIVE CENTER**, ITS EMPLOYEES, ITS AGEENTS, AND ITS BOATS (WHETHER OWNED, OPERATED, LEASED, OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS BY NEGLIGENCE OR GROSS NEGLIGENCE, AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING AND SCUBA DIVING ACTIVITES
16. I hereby grant Frazier Nivens, Ocean Imaging the absolute & irrevocable right to publish any form of imaging by them taken at Capt. Slates Scuba Adventures for any purpose whatsoever without restriction. My signature on this release form grants use of my image.

I HAVE READ AND I UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES.

**(Please complete back side)**

**INDIVIDUALS UNDER AGE 18 MUST HAVE PARENT'S SIGNATURE**

Certification Agency: \_\_\_\_\_ Cert. Level: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Date you are diving: \_\_\_\_\_ Date of last dive: \_\_\_\_\_ Depth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Today's Buddy: \_\_\_\_\_ Group Name: \_\_\_\_\_

Local Accommodations: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Parent Signature(If under 18): \_\_\_\_\_