



# LIABILITY RELEASE AND ASSUMPTION OF RISK FOR SUPERVISION OF CERTIFIED DIVERS

## PLEASE READ CAREFULLY BEFORE SIGNING

THIS IS A RELEASE OF YOUR RIGHTS TO SUE \_\_\_\_\_ Dive Dominica LTD., \_\_\_\_\_, DANIEL PERRYMAN \_\_\_\_\_,  
Facility Operator

A. BERNARD, B. DAISY, K. JOSEPH, I. PACQUETTE, R. PROSPER, AND THEIR EMPLOYEES, AGENTS, AND ASSIGNS (HEREIN AFTER "RELEASED PARTIES") FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING DIVE ACTIVITIES AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING OR AS A RESULT OF THE NEGLIGENCE OF THE RELEASED PARTIES.

1. I acknowledge that I am a certified scuba diver trained in safe diving practices.
2. I am aware of the risks inherent in this sport and accept these risks.
3. I am in good mental and physical fitness for diving, and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.
4. I am aware of the dangers of breath holding while scuba diving, and I will not hold the Released Parties and related entities (such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so.
5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive.
6. I will inspect all of my equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.
7. I acknowledge that I am physically fit to scuba dive, and I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
8. I understand that even though I follow all of the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.
9. I expressly assume the risk and accept all responsibility to plan my dive and dive my plan.
10. I 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., that I expressly assume the risk of said Injuries and that I will not hold Released Parties responsible for the same.
11. I understand that on this open-water diving trip, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.

12. IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT AND RELEASE

\_\_\_\_\_ Diver's Name  
DIVE DOMINICA LTD and DANIEL PERRYMAN Facility  
Operator

and, A. BERNARD, K. Joseph, I. PACQUETTE, R. PROSPER AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM  
Dive Supervisor

ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND RELEASE BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Name: \_\_\_\_\_ Certification Agency and Number: \_\_\_\_\_

Cert. Level and Date: \_\_\_\_\_ Approx. # of Dive: \_\_\_\_\_ Date of Last Dive or Refresher: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LOCAL ACCOMMODATION: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_

Check here if you do not wish to receive updates from Dive Dominica

Signature of Diver

Date

Signature of Parent or Guardian (Where Applicable)

Date

DIVE DOMINICA  
P.O. BOX 63  
COMMONWEALTH OF DOMINICA  
W.I.

## MEDICAL HISTORY

Please check off any of the following statements which might apply to you:

1.  I'm currently suffering from some form of cold or congestion.
2.  I have a history of some form of serious respiratory disease (tuberculosis, emphysema, asthma, etc.)
3.  I have a history of some form of serious cardiovascular disease (heart attack/stroke, etc...)
4.  I have a condition which may cause sudden loss of consciousness (epilepsy, diabetes, etc...)
5.  I have had an injury or illness which has affected my hearing or ears, or I have difficulty with my ears while flying.
6.  I have a physical handicap which impairs my ability to move my arms, legs or some other part of the body.
7.  I take some form of regular medication.
8.  I suffer from allergic reactions to certain things.
9.  I sometimes suffer from motion sickness.
10.  I sometimes suffer from claustrophobia.
11.  I smoke a pack or more of cigarette a day.
12.  I wear glasses or contacts
13.  I wear dentures
14.  I am or may be pregnant

If you checked any of items 1-8, please write an explanation below for each item(s) checked.

Number      Explanation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

In case of Emergency, contact: (Please supply as much information as you can)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES