## **DIVING WAIVER**

THIS IS A RELEASE OF YOUR RIGHTS TO SUE PACIFIC RIM DIVERS LIMITED AND ITS AGENTS, SHAREHOLDERS, OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS AND ASSIGNS (COLLECTIVELY "RELEASEES") FOR PERSONAL INJURY OR WRONGFUL DEATH THAT MAY OCCUR DURING THE FORTHCOMING DIVE ACTIVITY EITHER AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING/SNORKELING OR AS A RESULT OF THE NEGLIGENCE OF YOURSELF, OR OTHERS.

PLEASE READ AND INITIA	L EACH LINE.			
I acknowledge that I	am a certified diver trained in safe	diving practices.		
	es inherent in scuba diving includin cion, currents and other naturally oc			
	good mental and physical fitness for I am taking any medications, I affir n/drugs.			
I am aware of the dar	gers of breath holding while scuba	diving and will not hold	Releasees responsible if I am injure	ed doing
diving experience and limitation	be diving with a buddy or a group, ons and the prevailing water condit out of a dive if it is beyond my skill	ions. I will not hold the R		
prior to the activity and I will	sole responsibility to inspect all of notify Pacific Rim Divers and/or th not try to dive using equipment tha	e Dive Instructor or Dive	Master or Captain if any of my eq	
	am physically fit and able to scuba a result of heart, lung, ear or circula			
	n through I follow all of the appropy perbaric injuries and I understand			
I expressly assume th	e risk and accept all responsibility	to plan my dive and dive	ny plan.	
diving excursion, and that if I	oa diving/snorkeling is a physically am injured as a result of heart attac s and that I will not hold the Releas	k, panic, hyperventilation	, water inhalation, etc. I will expres	
	on this open water diving trip, I walle to me, and I expressly assume the			edical
In the event I may ne surface.	ed to make a rapid ascent, I am wil	ling and able to drop my v	weight belt and/or equipment in ord	der to
PERSONAL INJURY , PROFULL INFORMED MYSE	NTION TO RELEASE THE RE OPERTY DAMAGE, AND/OR LF OF THE CONTENTS OF T OF LIABILITY AND I AM SIGI	WRONGFUL DEATH HIS DIVING WAIVER	CAUSED BY NEGLIGENCE. AND UNDERSTAND IT OPE	I HAVE ERATES
Participant Signature		Date		
Printed name		Emergency Contact Person and Phone Number		
Home Address	City	State Z	ip Phone	_
Certifying Agency:	Certification Date:	Card #	Training Level:	
# of Dives Made:	Date of Last Dive:	Email:		