

Gilboa Quarry Inc. Liability Release

For Certified Divers, Snorkelers, and Supervised Students

THIS IS A RELEASE OF YOUR RIGHTS TO SUE GILBOA QUARRY INC., MICHAEL A. WILLIAMS (FACILITY), IT'S EMPLOYEES, INSTRUCTORS, CERTIFIED ASSISTANTS, DIVE TRAINING AGENCIES, OR BOAT OPERATORS, AND AGENTS AND ASSIGNS FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING THE FORTHCOMING DIVE ACTIVITY AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING/SNORKELING, OR AS A RESULT OF NEGLIGENCE, NOT RESPONSIBLE FOR OR HELD HARMLESS FOR ON-SITE CAMPING, AND/OR IN AND/OR OUT OF THE WATER SLIPS AND FALLS.

(PLEASE READ AND PLACE YOUR INITIALS NEXT TO EACH OF THE FOLLOWING SECTIONS)

- _____ 1. I acknowledge that I am a certified scuba diver or under the direction of a certified instructor trained in safe diving practices.
- _____ 2. I am aware of the risks inherent in this sport and accept these risks.
- _____ 3. I affirm that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor any drugs that are contradictory to diving. If I am taking medication, I affirm that I have seen a physician and have been approved to dive while under the influence of the medication and/or drugs.
- _____ 4. I am aware of the dangers of breath holding while scuba diving, and I will not hold the above listed individuals 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 above listed individuals responsible for my failure to safely plan my dive.
- _____ 6. I will inspect all of my equipment (personal or rented) prior to the activity and will notify the above listed individuals if any of my equipment is not working properly. I will not hold the above listed individuals responsible for my failure to inspect the equipment (personal or rented) prior to diving.
- _____ 7. I acknowledge that I am physically fit to scuba dive/snorkel and I will not hold the above listed individuals responsible if I am injured as a result of heart, lung, ear, circulatory problems, or other illnesses that occur while diving and/or snorkeling.
- _____ 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 also expressly assume the risk and accept all responsibility to safely plan my dive, and dive my plan.
- _____ 10. I also understand that scuba diving/snorkeling is a physically strenuous activity and that I will be exerting myself during this diving excursion and 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 the above listed individuals responsible for the same.
- _____ 11. I also 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. I acknowledge that the above listed individuals are not responsible for lost, stolen, or misplaced items of any kind.
- _____ 13. IT IS THE INTENTION OF _____ (Diver's Name), BY THIS INSTRUMENT TO EXEMPT AND RELEASE GILBOA QUARRY INC., Michael A. Williams (Facility) and _____ (Dive Supervisor and/or Instructor), AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, SLIPS AND FALLS (IN OR OUT OF THE WATER), CAMPING, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS INFORMATION AND RELEASE FORM BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF, OR MY HEIRS.

DIVER'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN WHERE APPLICABLE

DATE

REGISTRATION FORM (Please Print)

NAME: _____ SS#: last 4 digits AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) EMAIL: _____

SCUBA CERT. AGENCY: _____ LEVEL: _____ CARD #: _____

INSTRUCTOR: _____ INSTRUCTOR #: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

RELATIONSHIP: _____ PHONE: (_____)

DIVE BUDDY: _____ D.A.N. #: _____

**ABSOLUTELY NO FISHING OF ANY FORM
VIOLATORS WIL BE PROSECUTED**

*** PLEASE PLACE YOUR INITIALS NEXT TO EACH OF THE FOLLOWING ***

KNOWN / UNKNOWN HAZARDS ABOVE AND BELOW THE WATER:

- _____ Overhangs, loose rocks, crevices, landscape and water environment.
- _____ Iron scrap in or on the bottom of the quarry.
- _____ Boats, buses, cars, trees, and other debris.
- _____ Zealous fish encountered when fish feeding.
- _____ Any and all unforeseen objects, known or unknown.

RULES:

- _____ No decompression diving.
- _____ No diving deeper than 80 feet without a deep dive plan.
- _____ No alcohol.
- _____ No tank-filling air compressors.
- _____ No unleashed pets.
- _____ No swimming – scuba and skin diving only.
- _____ No artifacts, property, or underwater structures may be chipped, damaged, or removed from this site.
- _____ No spear guns or other weapons.
- _____ No fishing of any form, violators will be prosecuted!
- _____ Mandatory floatation device required for anyone entering the water
- _____ No unattended children
- _____ I understand that in order to dive the deep side of Gilboa Quarry (site #1 and on the north side of the submerged “wall”), that as an instructor, diver, or student, I must file a deep dive plan with the deep dive coordinator or the office.
- _____ I understand that when I file a deep dive plan, the deep dive coordinator will refer to the set of standards and requirements imposed on all instructors, divers, and students, and if my plan does not comply with the above standards, my plan will be denied.
- _____ I have reviewed and understand this release form.

	Signature	Date
1		
2		
3		
4		
5		

	Signature	Date
6		
7		
8		
9		
10		

**WARNING: REGULATORS COULD FREE-FLOW AT 60 FEET!!
REGULATORS COULD FREEZE AT 80 FEET!!**

- It is your responsibility to be prepared!!
- Environmentally equipped regulators are recommended!!
- Also, please help to maintain a natural environment!!

REMOTE DIVE WAIVER / RELEASE FORM

- I understand that diving with compressed air involves certain risks; injuries can occur which require treatment in a recompression chamber.
- I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time, distance, or both, from such a recompression chamber, and I agree to proceed with such instructional dives.
- I hereby personally assume all risk in connection with said course for any harm, injury, or damage which may befall me as a result of my participation in the course, whether foreseen or unforeseen, and I still wish to proceed with the course in spite of the possible absence of a recompression chamber of proximity to the dive site.
- I, either being a certified diver or a student under instruction with a known certifying agency, have read and fully understand the release prior to signing it.

Certified Diver / Student's Signature

DATE

As a parent or guardian, I am signing this document on behalf of a minor child. I am aware of the legal consequences of signing this agreement, and do hereby agree to be specifically bound to all the terms and conditions of this agreement on behalf of the minor child.

Parent / Guardian's signature (if diver / student is under the age of 18)

DATE