

ANNUAL DIVE CHARTER WAIVER

Voluntary Release of Liability, Acknowledgement
and Assumption of Risk

Expires on the last day of the year.



Diver/Participant and Certification Information

Full Name: (Printed) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Dive Experience: <input type="checkbox"/> Novice <input type="checkbox"/> Experienced <input type="checkbox"/> Expert
Address:	Certification Level:
City/ST/Zip:	Certification Agency:
Cell Phone:	Certification Number: EAN Certification Number:
Email:	Total Dives (approx.): Date of Last Dive:
Do you have any medical history, medical condition, allergies, physical issue, or mental impairment that would expose you to exceptional risk while on this trip and engaging in trip activities?	

It is highly suggested that you carry Personal Dive Accident Insurance.

I have insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance Agency:
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Emergency Contacts (persons not on this trip)

Name:	Name:
Cell Phone:	Cell Phone:
Relationship:	Relationship:

Voluntary Release of Liability, Acknowledgement and Assumption of Risk Waiver

PLEASE READ CAREFULLY AND INITIAL/FILL IN ALL BLANKS BEFORE SIGNING

I, the undersigned, hereby affirm that I am a certified diver/snorkeler and/or spectator and that I thoroughly understand the HAZARDS AND RISKS of scuba diving, snorkeling, and participation in dive events/activities. I understand and acknowledge that my participation in this trip/charter/event is arranged, at my request, by Bottom Time Charters, LLC, involves risk and potential exposure to injury and possible death. These HAZARDS AND RISKS include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board a boat, dock, vessel, stairs, or ladder, being cut or struck by a boat or vessel while in the water, injuries occurring while getting on or off a boat, dock or vessel, getting lost at sea, other perils of the sea, and other perils of travel on land, air or sea. By signing this release, I certify that I am fully aware of and EXPRESSLY ASSUME THESE AND OTHER RISKS involved in making such dives, whether conducted as a recreational diver, part of a diving class or spectator.

_____ I, the undersigned, understand and agree that neither Bottom Time Charters, LLC, any travel agency, nor scuba training agencies, nor the owners, officers, employees, agents, or affiliates of the above listed individuals and/or entities (hereinafter, "released parties") may be held liable or responsible in any way for any occurrence on this dive trip/charter/event which may result in personal injury, property damage, wrongful death, and/or other injury, loss or damage to me or my family, personal representative(s) or heir(s) that may **occur as a result of my participation in this dive travel/charter/event.**

_____ I, the undersigned, understand and acknowledge that breathing compressed air and/or mixed gases under water through a regulator involves certain inherent risks, debilitating, serious, or fatal, from accidental or unforeseen events including, but not limited to, decompression sickness, coronary and cerebral air embolism, lung injuries, and other injuries that could occur that could require treatment in a decompression chamber. I further understand that the diving activities in which I will be participating may be conducted at a site that is remote, either by time or distance, or both, from a decompression chamber. Still I choose to proceed with these dives in spite of these risks and assume all risks pertaining to these activities.

_____ I, the undersigned, further state that I am of lawful age and legally competent to sign this release, or my guardian is signing this document on my behalf. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during said diving activities/events, and that if I am injured as a result of a heart attack, panic, hyperventilation or other health crisis, that I will not hold Bottom Time Charters, LLC, or released parties, responsible and, as such, assume all risks pertaining to these activities. I affirm that I possess the requisite physical and mental health, and training/license/certifications to engage in such activity/event.

_____ I, the undersigned, understand and acknowledge that I am at all times ultimately responsible for my personal dive plan and agree to dive in a safe and responsible manner and diving in a conservative manner, staying well within the limitations of my instruments such as pressure gauges and dive computers.

_____ I, the undersigned, understand and acknowledge that I have read the foregoing paragraphs, fully understand the potential dangers while engaging in this dive activity/event/trip/charter, and are fully aware of the legal consequences of signing this document, understand and agree that this document is legally binding and will preclude me, my family, personal representative(s) and heir(s), from recovering monetary damages from the released parties. If any provision hereof should be unenforceable and agree that the remaining provisions shall nevertheless be enforced.

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to Bottom Time Charters, LLC and its employees or representatives, to provide emergency medical care, or necessary evacuation, and agree to hold such parties harmless and indemnify them for any such action taken on behalf of the undersigned, and costs incurred thereof. The undersigned agrees that this Release of Liability also binds the spouse, family, heir(s) and legal representatives of the undersigned.

By signing below, I voluntarily signify that I have carefully read the foregoing "RELEASE OF LIABILITY AND ASSUMPTION OF RISK" and **all information and conditions contained herein and agree to all of the terms and conditions.**

Printed Name:	
Signature:	Date:
Guardian Printed Name (If Applicable):	
Guardian Signature:	Date: