Scuba Diving Refresher Session - _____

Name: _____ Sex: M F Age: _____ Birth date: _____

Address : _____ City: _____ Zip Code: _____

Phone: (H)_____ (W): _____ Cell #: _____E-Mail:_____

Physical Restrictions or Problems:_____Medications _____

In Case of Emergency Contact: _____ Phone #: (H)_____ (W):_____

Insurance Co: _____ Policy #: _____

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Height: _____ Weight: _____ Dress shirt size: _____ Shoe Size: _____

Need: [ ] Mask [ ] Snorkel [ ] Fins [ ] Booties [ ] Tank [ ] Weights _____ / _____

Gear Set: Size / #: _____ Wet Suit: Size _____ Thickness: _____

Notes:_____

Rental Equipment: _____ $ _____

General Skills Discussed, Reviewed & / or Practiced as needed or requested

Equipment assembly and disassembly, Exposure protection discussion, Weighting & Trim, Checking neutral buoyancy, assents & descents, ear clearing, mask clearing, mask removal & replacement, Hovering, Fin pivots, Neutral buoyancy swimming without hand use, Safe second securing and use, Water entrances & exits, Regulator clearing, Regulator recovery, Fin kicking, Surface Flotation, Diver noted deficiencies, Table questions, Resolving any diver concerns or general questions .

Other :

_____

_____

_____

Session # 1: / / Time: Session # 2: / / Time:

Payment: $ 75.00 [ ] Check # _____ Date: _____ [ ] Cash

Instructor: _____ PADI - MSDT66448

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which
Participant Name
may result in serious injury or death. I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), Peter R. Corbett & those working with him, _____, the facility through which I receive my instruction, Divers Training & Supply, Inc., So. Chs. Rec. Center. City of So Chs, City of Charleston_____
Other Sub Facility Name
nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENTAGREE TO EXEMPTAND RELEASE MY INSTRUCTORS,
Participant Name
Peter R. Corbett & those working with him, _____, THE FACILITY(S) THROUGH WHICH I RECEIVE MY INSTRUCTION,

Divers Training & Supply, Inc., So. Chs. Rec. Center. City of So Chs, City of Charleston,_____, AND PADI AMERICAS, INC.
Facility Name(s)

AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

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

_____ _____
Participant Signature Date (Day/Month/Year)

_____ _____
Signature of Parent of Guardian (where applicable) Date (Day/Month/Year)