



**DiveTrainers, LLC**

**Registration & Liability Release/Waiver**

Date: \_\_\_\_\_ Dive: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Certification Agency: \_\_\_\_\_ Level & Number: \_\_\_\_\_

Number of Logged Dives to Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies/Conditions: \_\_\_\_\_

Any Diving Related Injuries in Last 5Years: \_\_\_\_\_

Dive Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**(Init. \_\_\_\_\_ )** I, \_\_\_\_\_, am responsible for my own actions and use of scuba equipment, including such rented and/or borrowed and/or demonstration equipment obtained from or through DiveTrainers, LLC, on the above listed trip(s). In consideration for my being permitted to participate in this (these) scuba trips(s)/activities, I hereby acknowledge and agree that I am financially responsible for expenses, including medical expenses, resulting from injuries sustained during this (these) trip(s), and **I RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS WHICH I MAY HAVE** against DiveTrainers, LLC, Peter J. Keane, all employees and dive leaders, including instructors, dive masters, assistants and safeties of DiveTrainers, LLC for personal injury, property damage, or wrongful death or any other loss I may sustain as a result of engaging in any scuba diving related activity with DiveTrainers, LLC. T/A DiveTrainers.

**(Init. \_\_\_\_\_ )** I further understand and agree that **SCUBA DIVING is DANGEROUS** whether engaged in depths above or below the recommended 130 foot limitation for sport diving activities and **I FULLY UNDERSTAND AND ACCEPT ANY AND ALL RISKS THAT SUCH ACTIVITIES MAY INVOLVE.**



(Init. \_\_\_\_\_ ) I AM BOUND BY THIS RELEASE/WAIVER. ANYONE WHO SUCCEEDS TO MY RIGHTS AND RESPONSIBILITIES SUCH AS MY HEIRS OR THE EXECUTOR OF MY ESTATE IS ALSO BOUND. This release/waiver is made for the benefit of DiveTrainers, LLC, Peter J. Keane, all employees and dive leaders, including instructors, dive masters, assistants, and safeties of DiveTrainers, LLC, T/A DiveTrainers, and to all who succeed to their rights and responsibilities, such as their heirs, estate executors, or representatives.

(Init. \_\_\_\_\_ ) I UNDERSTAND AND AGREE THAT THIS MEANS THAT IF I AM INJURED OR DIE IN A SCUBA DIVING RELATED INCIDENT, I AM GIVING UP MY RIGHTS AND/OR THE RIGHTS OF MY HEIRS, REPRESENTATIVES, EXECUTORS OR SUCCESSORS, TO SUE DIVETRAINERS, LLC T/A DIVETRAINERS, PETER J. KEANE, ALL EMPLOYEES AND DIVE LEADERS, INCLUDING INSTRUCTORS, DIVE MASTERS, ASSISTANTS AND SAFETIES OF DIVETRAINERS, LLC, T/A DIVETRAINERS, FOR DAMAGES OR ANY FORM OF COMPENSATION.

(Init. \_\_\_\_\_ ) I hereby acknowledge that I have read the foregoing paragraphs and understand everything set forth within it. I HAVE BEEN FULLY ADVISED AND AM AWARE OF THE POTENTIAL PERSONAL DANGERS INCIDENTAL TO ENGAGING IN SCUBA DIVING ACTIVITIES AND HAVE CAREFULLY CONSIDERED THE LEGAL CONSEQUENCES OF SIGNING THIS RELEASE/WAIVER.

Signature of Diver \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Notary \_\_\_\_\_