

BCD _____	Reg _____
MSF _____	Wetsuit _____
Computer _____	



Voluntary Release, Waiver and Assumption of Risk

Please read carefully and fill in the blanks before signing.

I, _____, hereby affirm that I am a certified diver and that I thoroughly
(Passenger/diver)

understand the hazards of scuba diving, snorkeling and/or any on-the-water activities including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while onboard, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives. I affirm that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of drugs that are contradictory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I understand and agree that neither Hamanasi Ltd, _____, the crew or the owner(s) of the vessel, nor International PADI Inc., nor the owners, officers, employees, agents, or assigns 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 which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this boat trip and scuba dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active. I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I understand that scuba diving 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 heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I also understand that on the open-water diving trips I will be making, 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.

All claims against the Released Parties, arising from this agreement, shall be determined according to the laws of Belize; and shall be adjudicated in the Courts of Belize to the exclusion of any other courts.

I, _____, BY THIS INSTRUMENT, DO HEREBY
(passenger/diver)

EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE (S), AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR PRODUCT LIABILITY.

Signature _____
Date (month/day/year)

ADDRESS: _____
(Street) (City, State, ZIP)

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____

HOTEL: _____ ROOM NUMBER _____

CERTIFICATION: _____ VERIFICATION: _____ NO. OF DIVES _____

DIVE INSURANCE: YES / NO