

Diving Liability Release and Waiver

Name: _____ Date of Birth: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: _____

Please tell us how you heard about us (circle all that apply): *Yellow Pages, Radio Advertisement, TV Advertisement, Newspaper, Trade Show, Drive by Sign, Internet Search OR Friend.*

If friend please include a name so we may thank them _____

Medical History:

Please answer **YES or NO** to the following items that apply to your past medical history or present medical condition and give a brief description on your response. *There are certain conditions that require a physicians' approval to participate in SCUBA. If you have questions, please see the RSTC guidelines for more information.*

____ I am currently taking medication. _____

____ I am currently suffering from cold or congestion. _____

____ I have a history of respiratory problems or disease. _____

____ I have a history of seizures, dizziness, fainting, or blackouts. _____

____ I am diabetic. _____

____ I have a history of sinus problems. _____

____ I have had asthma, emphysema, or tuberculosis. _____

____ I have a history of ear problems. _____

____ I have a nervous system disorder. _____

____ I have had a head or back injury. _____

____ I have had decompression sickness or another diving accident. _____

____ I have a history of high blood pressure. _____

____ I have hay fever or other allergies. _____

____ I have a collapsed lung. _____

____ I have had surgery or a penetrating injury to my chest. _____

____ I am under care of a physician or have a chronic illness. _____

____ I am pregnant. _____

I hereby certify that the foregoing is true and correct.

Signature: _____ Date: _____

Release of liability:

I fully understand that my scuba diving, snorkeling, or other water sports activities at my own risk and I release Lynnhaven Dive Center and it's directors and employees and save them harmless from all claims, loss damage, injury, and liability arising from any injury and/or illness sustained by me while engaged in diving, snorkeling, or any other water sports caused or occasioned by any of the perils or dangers of the sea or by reason of act, omission, negligence, or default of any diver or divers. Snorkelers or persons engaged in water sports or as a consequence of an illness or disease or disability which renders such person or persons unfit for snorkeling or any water sports.

Jurisdiction:

I have read, fully understand, and agree to the printed conditions of this Release and Waiver and hereby waive for myself, my heirs, executors, and administrators any claims and demands of whatsoever nature against Lynnhaven Dive Center, it's directors, and employees arising hereunder. This agreement shall be determined according to laws of Virginia to the exclusion of any other courts.

Signature: _____ Witness: _____ Date: _____

Signature of Parent or Legal Guardian required for a minor child (under the age of 18):

Signature: _____ Witness: _____ Date: _____