

FLORIDA KEYS DIVE CENTER

90451 OLD HIGHWAY, TAVERNIER, FL. 33070

FLORIDA KEYS DIVE CENTER'S BOAT TRAVEL, SCUBA DIVING, SKIN DIVING, SNORKELING AND PHOTO RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am a skin diver, a snorkeler, a boat passenger, a
(Passenger/Diver/Snorkeler)

certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site as well as during the dive or snorkel activity (**hereinafter collectively referred to as "Excursion"**), which may result in serious injury or death. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, 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 such an Excursion, whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither the vessel crew - including captain, mates or dive professionals acting as guides and/or surface support, nor Florida Keys Dive Center Inc nor Big Dipper Charters Inc.-including its owners, officers, employees, agents or assigns, nor Thomas Timmerman, Pamela Meyer nor the M/V Big Dipper, the M/V Orion or any other vessel chartered by Florida Keys Dive Center, hereinafter (**referred to as "Vessels"**) nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, 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 injury, death, property damages or other damages to me, my family, estate, heirs or assigns, that may occur as a result of my participation in this Excursion or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I also understand that skin diving, snorkeling and scuba diving are physically strenuous activities and that I will be exerting myself during this **"Excursion"**, 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 unenforceable 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 stopped from claiming otherwise because of my representations to the **"Released Parties"**.

I, _____, **BY THIS INSTRUMENT, AGREE TO EXEMPT AND**
(Passenger/Diver/Snorkeler) **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 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.**

It is my intention that this release be valid and enforceable on the day of my signature and continuing in nature for a period of _____ days thereafter. PLEASE BE SURE TO ALSO READ & SIGN BACK OF SHEET

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ ADDRESS: _____

PHONE #: _____ CITY/STATE/ZIP: _____

E-MAIL: _____ Check this box to not receive newsletters and specials by email

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FLORIDA KEYS DIVE CENTER DIVING POLICIES

OUR VESSELS ARE NON-SMOKING VESSELS

ALL DIVES

1. All divers are required to supply proof of certification from a nationally recognized training organization.
2. Certified divers whose last logged ocean dive is over 18 months ago, or whose last logged dive is over 1 year ago and has no ocean experience, or certification dives were more than 6 months ago and who has not been diving since are required to dive with a guide for a minimum of one two tank dive trip or you may attend a Scuba Refresher Course prior to diving.
3. **The date of my last dive was on _____ and was made in (circle one) fresh water/salt water.**
4. All divers are required to have the following scuba equipment: Mask, fins, snorkel, a bottom-timing device, regulator with alternate air source, pressure and depth gauges, BCD with low pressure inflator hose and tanks with current hydro and visual inspection.
5. All divers must dive with a buddy.
6. All divers must be back on the boat with a minimum of 700 PSI remaining in their tank.
7. All divers must stay within the limits of the dive flag.
8. All divers are required to sign the Liability Release and Assumption of Risk Agreement that cannot be altered in any way.
9. Listen to and abide by the captain's dive site briefing.

DEEP DIVES (ALL DIVES OVER 60 FEET, BUT NOT TO EXCEED 130 FEET)

In addition to the above ALL DIVES requirements:

1. All divers must be Advanced certified or higher and have a deep dive (below 80 feet) logged in a log book within the past 18 months and provide the log book as proof or be Open Water certified and have at least 2 deep dives (below 80 feet) logged in a log book within the past 6 months and provide the log book as proof, otherwise a guide will be required for the deep dive.
2. **The date of my last deep dive was on _____ and the maximum depth was _____.**
3. All divers are also required to have the following scuba equipment: an alternate air source, a dive computer and a safety sausage. Both divers in a buddy team must have their own computer in order to follow a computer profile.
4. Decompression diving is absolutely not permitted. It is strongly suggested that you perform a 3 minute or longer Safety Stop at 15 feet on all deep dives as a part of your normal, safe ascent.

NIGHT DIVES

In addition to the above ALL DIVES requirements:

1. All divers are also required to have the following scuba equipment: an underwater light, a backup underwater light, a chemical glow stick or marker light, and a whistle or other audible surface signaling device.

PHOTO RELEASE: I hereby authorize Florida Keys Dive Center to use photographs taken of me, and my name, for use in printed publications and authorized websites. I acknowledge that since my participation in media produced by these entities is voluntary, I will receive no financial compensation. I further agree that my participation in any media produced by these entities confers upon me no rights of ownership whatsoever. I release these entities and their employees for liability of any claims made by me or any third party in connection with my participation.

I understand and agree to abide by all of the above:

Signature: _____ **Date:** _____

DIVER CERTIFICATION VERIFICATION:

Certification Agency: _____ **Certification Level:** _____ **Certification Date:** _____
Certification Number: _____ **Instructor:** _____

MUST SHOW DIVE CARD FOR VERIFICATION: Florida Keys Dive Center Staff Initials _____

Instructor's Statement

I, _____, an instructor for _____, affirm that I am insured
(Instructors Full Name) (Students Full Name)
and in Teaching Status with my agency _____. I will assume full responsibility for the care,
custody, and control of my student. **Instructor Signature:** _____ **Date:** _____
Instructor Number: _____

