STATEMENT OF UNDERSTANDING AND WAIVER

As a diver with PH Whale Watch Dominica I will:

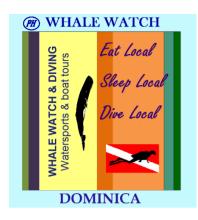
- 1. Be in good mental and physical condition for diving at all times.
- Avoid being under the influence of alcohol or drugs while diving. PH Whale Watch Dominica staff may disqualify me from diving activities if I am or was still under influence or have a hangover.
- 3. Engage only in diving activities consistent with my training, comfort and experience.
- Listen carefully to the dive briefings and respect the advice of the dive guides supervising my activities.
- 5. Adhere to the buddy system throughout every dive.
- 6. Follow local diving rules of the national marine park.
- 7. Never exceed the depth or time limitations planned by the dive guides and never exceed the maximum depth according to my level of certification for recreational diving.
- 8. Ascend no faster than 30 feet per minute and do a three (3) minute safety stop at fifteen (15) feet on all dives.
- Make cancellations at least 4 hours before the scheduled date and dive time. All no shows and late cancellations will not be refunded or credited.
- 10. Understand that the failure to respect Dominica's fragile reef systems by deliberately touching the reef could result in the premature termination of my planned dives.
- 11. Acknowledge having examined the equipment and have satisfied myself that it is in good order and working condition before i go diving. I hereby accept the equipment in the condition as is. PH Whale Watch Dominica Ltd. / PH Whale Watch Dominica accepts no responsibility for any defect in the equipment and does not warrant that it is suitable for any particular purpose. I agree that the use of said equipment is at my own risk. I shall return the same in good order and working condition and shall be financially liable for any deviations therefrom.

LIABILITY RELEASE AND ASSUMPTION OF RISK

signature of acceptance of above statement
date:
i,, (name) furthe understand that diving with compressed, and any mixture of oxygen and
nitrogen (nitrox), air involves certain inherent risks. Decompression sickness
embolism, or hyperbaric injuries can occur that require treatment in
ecompression chamber. I still choose to participate in scuba diving activities
In consideration of being allowed to participate in scuba diving activities,
nereby personally assume all risk in connection with scuba diving, for any harm
njury or damage that may befall me while I am participating in scuba diving ncluding all risks connected therewith, whether foreseen or unforeseen.
Signify your agreement with the following statements with your initials
Joseph your agreement was are renowing statements that your minutes
I further hold harmless released parties from any claim or lawsuit by me, my family, estate, heirs,
or assigns, arising out of my participation in scuba diving activities, including both claims arising
during
scuba diving and after participating. I also understand that scuba diving is a strenuous activity and that I will be exerting myself while
scuba diving, 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 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 legal guardian.
I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.
this document of my own nee act.
(nama) bu thi
I, (name) by this instrument do exempt and release any and all related entities as
defined above, from all liability or responsibility whatsoever. I have
fully informed myself of the contents of this liability release and express
assumption of risk by reading it before I signed it on behalf of mysel
and my heirs.
,
Signature of participant
Signature of legal guardian
ngriature of legal guardian
DIVING A COLDENT INCUDANCE DISCUATIVED WATVED
DIVING ACCIDENT INSURANCE DISCLAIMER-WAIVER
☐ I understand and agree that the facility and staff will not be held responsible for any
evacuation, medical and/or other costs that may incur as a result of a diving accident.
cracadasing inicalcal analysis series costs that may inical as a result of a divinity accidents

Date:

Signature:



DIVER'S REGISTRATION AND LIABILITY FORM

				GROUP NAME:
NAME:		PHONE:		DEPT DATE:
HOME ADDRESS:			HOTEL:	
CITY:	STATE:	ZIP CODE:		
COUNTRY:		EMAIL:		
BIRTH DATE:		DIVING WITH		
CERTIFICATION AGENCY:		CERTIFICATION NUMBER:		
HIGHEST CERTIFICATION LEVEL:		DATE OF LAST DIVE:		
EMERGENCY CONTACT:		RELATIONSHIP:	PHONE:	
As you may know, the Lion Fish is an invasive species in Caribbean during your dive trip. Yes, I feel comfortable if Lion Fish is being h		and we are actively seeking to reduce the pop No, I prefer if Lion Fish were r		