

Charleston Scuba

A PADI Five Star Training Facility

335 Savannah Highway
CHARLESTON, SC 29407
(843) 763-3483
www.charlestonscuba.com

DIVE BOAT REGISTRATION AND TRIP RELEASE

NAME _____ AGE _____ CERTIFICATION DATE _____
CERTIFICATION AGENCY _____ CERT LEVEL AND NO. _____

WAIVER AND RELEASE OF LIABILITY AND RIGHTS TO SUE FOR RECOVERING DAMAGES:

I, _____ hereby affirm that I am a good swimmer and in good health and have been adequately instructed in skin and or/scuba diving. I further affirm that I have been advised and thoroughly informed of the inherent hazards and risks of boating, snorkeling, skin and scuba diving. I am aware that holding my breath while breathing compressed air may result in serious injury or death. I have been trained in and understand the importance of the buddy system and know what to do should I become separated from my buddy. I have been trained in and understand the importance of ditching my weight belt in the event of an emergency and am proficient in buddy breathing and/or in the use of a Safe-Second (Octopus). I thoroughly understand the hazards of scuba diving, and snorkeling, including those hazards occurring to and from the dive site. I understand that these hazards include, but are not limited to: air expansion injuries, drowning, decompression sickness, slipping and 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 or rivers. By signing this release, I certify that I am fully aware of and expressly assume these and other risks involved in making such a dive or dives, whether as conducted as a recreational dive or part of diving classes.

Further, I am aware that the sole responsibility of Trident Charters, Inc., (dba Charleston Scuba) is to transport me to and from diving locations selected by them at their discretion and that they are not responsible for my safety while I am on the boat or in the water. I understand that dives for pleasure or training may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber. I still choose to proceed with such pleasure or instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

In consideration of Trident Charters, Inc., (dba Charleston Scuba) providing the aforementioned services to me, I hereby release, waive and discharge Trident Charters, Inc. (dba Charleston Scuba), Thomas F. Robinson, Caroline P. Robinson and all other officers, directors, employees, agents, stockholders or lawsuits by me, my family, estate, heirs or assigns thereof on account of injury or death to myself or damage to my property, specifically including my use of any equipment and/or services provided to me by Trident Charters, Inc. (dba Charleston Scuba) and further specifically including any claims resulting from breach of duty or negligence, whether passive or active, committed by the parties being released.

I UNDERSTAND THAT ILLEGAL DRUG USE AND UNDERAGE DRINKING ARE NOT ALLOWED ON ANY TRIP OR CHARTER. I UNDERSTAND THAT IF THIS RULE IS VIOLATED, ALL DIVING PRIVILEGES WILL BE TERMINATED AND NO REFUNDS WILL BE ISSUED. AS A DIVER, I UNDERSTAND THAT I AM RESPONSIBLE FOR MY OWN BEHAVIOR. HANDHELD GPS UNITS ARE NOT ALLOWED ON THE TRIDENT OR TRINITY. SHOULD YOU BOARD WITH A GPS UNIT, YOUR DIVING PRIVILEGES WILL BE REVOKED WITHOUT A REFUND. I UNDERSTAND THAT I MUST PROVIDE A GEAR BAG FOR ALL CHARLESTON SCUBA RENTAL GEAR USE AND THAT NO RENTAL GEAR WILL BE ISSUED WITHOUT A GEARBAG. A FEE OF \$75.00 WILL BE CHARGED FOR REGULATORS WASHED WITHOUT A DUST CAP IN PLACE. I UNDERSTAND THAT I MUST HAVE A DIVE KNIFE AND TIMING DEVICE TO MAKE ANY DIVES. I UNDERSTAND AND WILL RESPECT THESE RULES.

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 MYSELF AND MY HEIRS. I FURTHER STATE THAT I AM OF LAWFUL AGE AND LEGALLY COMPETENT TO SIGN THIS LIABILITY RELEASE. IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST CO-SIGN THIS RELEASE
ADDRESS (CITY, STATE, ZIPCODE) _____ PHONE# _____

EMERGENCY CONTACT/PHONE# _____
DO YOU HAVE ANY MEDICAL PROBLEMS? YES _____ NO _____ IF YES, LIST PROBLEMS & MEDICATIONS IF ANY _____

SHOULD YOU HAVE ANY MEDICAL PROBLEMS, A CURRENT PHYSICIAN'S STATEMENT IS REQUIRED STATING THAT YOU ARE CAPABLE OF DIVING WITH YOUR PROBLEM AT THIS TIME.

DIVER SIGNATURE _____ DATE _____
PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN SIG. _____