

STATEMENT OF UNDERSTANDING AND LIABILITY RELEASE FOR REEF TRIPS SCUBA DIVERS, SNORKELERS, AND PASSENGERS

Scuba Divers, please acknowledge all of the following. Snorkelers, please acknowledge numbers 15 through 20. All others, please acknowledge 14 through 20.

1. I acknowledge that I am a certified scuba diver, trained in safe diving practices and have practiced my diving skills within the last year. My credentials are as follows:

Certifying Agency _____ Instructor# _____

Student# _____ Date of Certification _____ Date of Last Dive _____

2. I will inspect all of my equipment prior to leaving the dock and will notify the captain and/or dive master for FLORIGAN GROUP, LLC, if any of my equipment is not functioning properly.
3. I will not hold FLORIGAN GROUP, LLC, nor any of its employees, agents or dive boats responsible for my failure to inspect any equipment prior to diving.
4. I will use the appropriate distress or "OK" signals when I surface from many dive.
5. I will remain with my buddy at all times.
6. I will immediately terminate my dive if:
 - 1) I feel uncomfortable with my diving abilities and/or
 - 2) driving conditions are worse than those I have experienced or for which I have been trained.
7. I will have a snorkel, submersible pressure gauge, and a buoyancy control device (BCD) with power inflator on all dives.
8. I will inflate my BCD anytime I am on the surface, even if just for a few minutes.
9. I will arrive on board the boat with a minimum of 500 PSI of air still remaining in my tank on each dive.
10. I feel competent in self rescue techniques and in giving aid to my buddy.
11. If I become distressed on the surface, I will immediately drop my weight belt and inflate my BCD for permanent floatation assistance.
12. I understand I have a duty to exercise reasonable care for my own safety and agree to do so.
13. I am aware of the dangers of holding my breath while diving and will not hold FLORIGAN GROUP LLC, its agents, employees, or dive boats responsible if I am injured doing so.
14. I am not taking and have not taken any medications or other drugs which would contraindicate diving and/or snorkeling.
15. I understand that scuba diving and/or snorkeling have inherent risks and danger associated therewith, including but not limited to risks associated with equipment failure, perils of the sea, and acts of fellow divers, and I specifically assume such risks.
16. I acknowledge that I am physically fit to scuba dive and/or snorkel and I will not hold FLORIGAN GROUP, LLC responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while driving and/or snorkeling.
17. I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
18. FLORIGAN GROUP, LLC has made no representation to me, implied or otherwise, that they or their crew can or will perform safe and competent rescues or render first aid. In the event that I show signs of distress or call for aid, I would like assistance and will not hold FLORIGAN GROUP, LLC, its crew, dive boats, or passengers responsible for their actions in attempting the performance of a rescue or first aid.
19. It is my intention by this instrument to exempt and relieve FLORIGAN GROUP, LLC, and its officers, agents, instructors, servants and employees, from any and all liability for personal injury, property damage or wrongful death caused by negligence or otherwise, and I assume all risks in connection with snorkeling, scuba diving, and instruction.
20. I have read the foregoing in its entirety and agree to the terms and conditions hereinabove set forth on behalf of myself, my heirs and personal representatives.

Date _____ Signature _____

Address _____ Print Name _____

City _____ State _____ Zip _____ Phone _____

Email _____ Name of Buddy _____

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Date _____ Signature _____

Address _____ Print Name _____

City _____ State _____ Zip _____ Phone _____

Email _____ Name of Buddy _____