



Waiver and Release of Liability

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I thoroughly understand that scuba diving, snorkelling and the transportation to and from snorkel or dive sites are inherently dangerous activities. I further understand, acknowledge and assume all hazards of the activity involved in either snorkelling and scuba diving including those hazards occurring during boat travel to and from the site. I confirm I am physically able to dive and or snorkel and have completed the medical questionnaire. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board or while entering or exiting the boat, being cut or struck by a boat while in the or out of 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 that I expressly, knowingly and willingly assume these and all other risks of injury or other damage associated with or involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class, and from my use of all equipment, machinery, air, food provided in connection with such activities. I fully understand and am aware that the boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned and that treatment will be delayed until I can be transported to a proper medical care.

All Persons must read above & Initial consent _____ Initials

I understand and agree that Shoal Bay Scuba (Karma Charters) Ltd also known as the Scuba Shack, its crew and or owner of the vessel, nor its affiliate or subsidiary corporations, nor any of 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 occurrence on this dive or snorkel trip, including but not limited to the hazards described above and my use of all equipment, machinery, air, food provided in connection with this trip, which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or personal representatives, regardless of whether such damage or injury occurs as a result of the negligence of any party, including the negligence of the released parties, whether passive or active.

All Persons must read above & Initial consent _____ Initials

Equipment: I hereby agree to return any equipment in the original condition in which it was provided. Any damages or loss shall make me financially liable for the actual cost of replacement. I agree to the following charges if damaged or lost: fins 60.00 USD, full face mask 90.00 USD, mask 45.00 USD, mask strap 12.00 USD, snorkel 15.00 USD, wet suit 100.00 USD, weight is lost is charged at 20.00 USD per pound. PADI States all dives but end with 500 psi, unless completing a required safety stop, an diver who returns with a scuba tank with less than 300 PSI I will be charge 250.00 USD for us to service and visually inspect the tank prior it being used again. I have been given the opportunity to check all equipment and agreed that it was given in good usable condition. I also confirm I am familiar with the correct use of the equipment and will return in same condition. Any failure to do so will result in a charge applied to the final bill.

All Persons must read above & Initial consent _____ Initials

If Under 18 yrs. of age: As the parent or legal guardian of any minor children, I voluntarily waive Shoal Bay Scuba (Karma Charters) Ltd also known as the Scuba Shack on behalf of these minors and myself, in accordance with the terms listed above. I have read, understood, and agree to the terms and conditions of this waiver.

IF DIVER IS UNDER 18 ONLY GUARDIAN MUST INITIAL _____ Initials

Participant Signature or Legal Guardian: _____ Date: _____



MEDICAL RELEASE

Scuba Diving and or Snorkeling are an exciting and demanding activity. To scuba dive or snorkel safely you must not be extremely overweight and or out of condition. These activities can be strenuous under certain conditions and as such you're respiratory and circulatory systems must be in good health. All body airspaces must be normal and healthy. A person with heart trouble, a cold, congestion, epilepsy, asthma or any severe medical problem, or who is under the influence of alcohol or Drugs should not snorkel or scuba dive. If you are taking prescription medications you should consult your doctor before snorkeling or scuba diving. The purpose of this medical release is to find out if you should be examined by a doctor prior to scuba diving or snorkeling. A positive response does not mean you are unable to snorkel or scuba dive, it just mean that due to the preexisting condition and for your own safety you should seek the consent of your doctor prior to snorkeling or scuba diving.

Please circle individually either Yes or No to all questions:

- | | | |
|-----|----|---|
| Yes | No | Do you currently have an ear infection |
| Yes | No | Do you have a history of ear disease, hearing loss or problems with balance |
| Yes | No | Do you have a history of ear or sinus surgery |
| Yes | No | Are you currently suffering from a cold, congestion, sinusitis or bronchitis |
| Yes | No | Is there a history of respiratory problems, lung disease or severe attacks of allergies |
| Yes | No | Have you ever had a collapsed lung or chest surgery |
| Yes | No | Do you have asthma or a history of emphysema or tuberculosis |
| Yes | No | Are you taking any medication that can impair your physical or mental abilities |
| Yes | No | Do you have mental or psychological problems or a nervous system disorder |
| Yes | No | Could you be pregnant (Cannot scuba dive but can snorkel if less than 5 months) |
| Yes | No | Do you have a history of colostomy |
| Yes | No | Do you have a history of heart attack, heart disease, heart surgery or blood vessel surgery |
| Yes | No | History of high blood pressure, angina or take medication to control blood pressure |
| Yes | No | Do you have a history of bleeding or other blood disorders |
| Yes | No | Do you have a history of diabetes |
| Yes | No | Do you have a history of seizures, blackouts, fainting, convulsions, epilepsy or medication to control them |
| Yes | No | History of back, leg, arm problems following an injury, fracture or surgery that would affect you from snorkeling or scuba diving |
| Yes | No | Do you have a history of a fear of closed or open spaces, panic attacks (claustrophobia or Agoraphobia) |

If you answered yes to any of these questions please confirm you have been given the Ok from your doctor to participate in scuba diving and or snorkeling:

I have read, understood and have been completed truthfully the above medical release:

Participant Signature or Legal Guardian: _____ **Date:** _____